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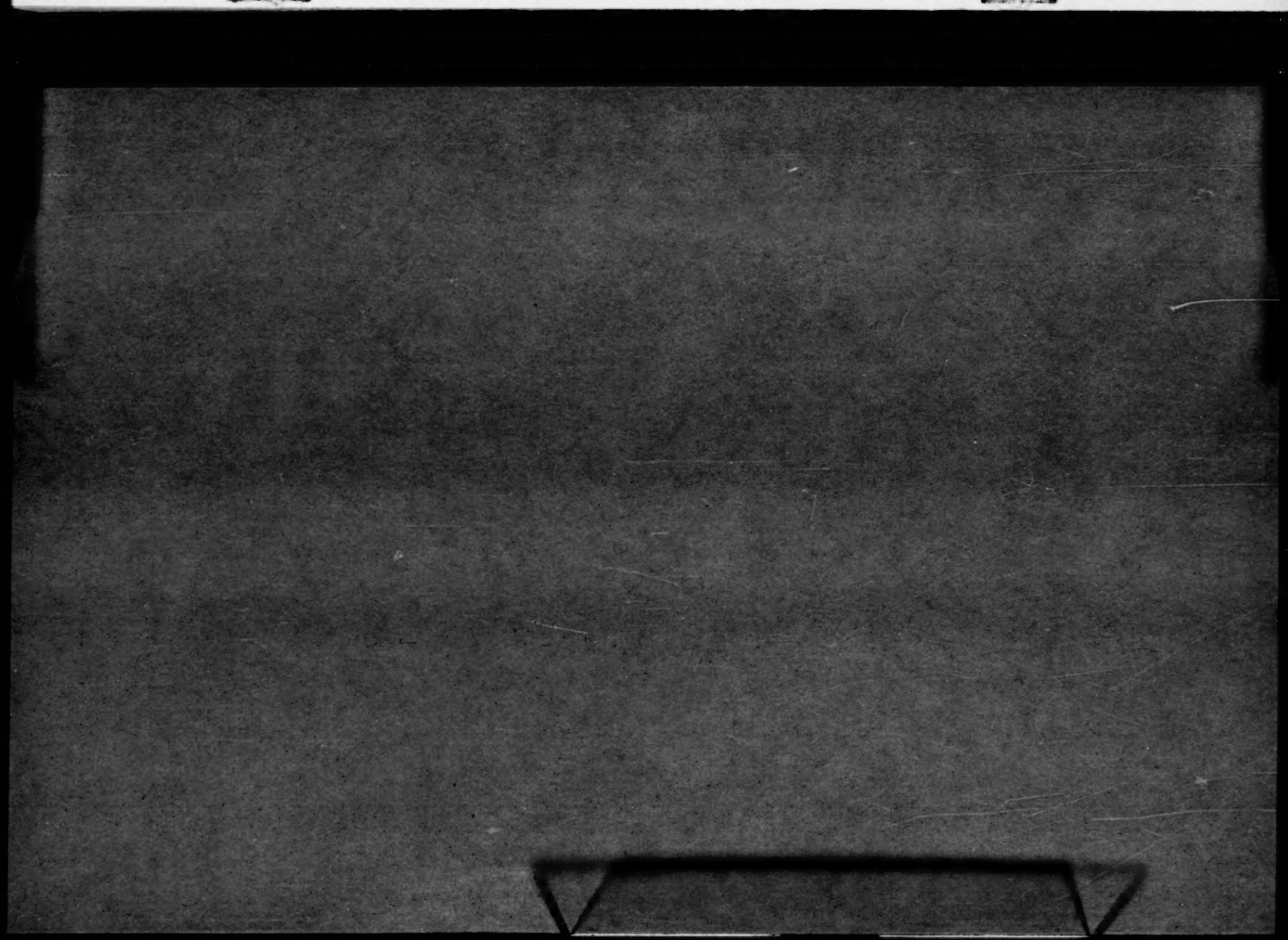

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THE PSYCHIATRIC QUARTERLY
SUPPLEMENT

PUBLISHED BY AUTHORITY OF THE
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*Dr. Whitehead is serving as editor of THE QUARTERLY and SUPPLEMENT during Dr. Bigelow's service as Commissioner of Mental Hygiene.

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A short, autobiographical note is requested from each contributor.

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THE PROFESSIONAL MAN AS ADMINISTRATOR*

BY EUGENE G. BEWKES, Ph.D.

Dr. John A. Pritchard has a very impressive professional record. The dedication of the Pritchard Pavilion is a noteworthy day in the history of St. Lawrence State Hospital, and a happy occasion, not only for Dr. Pritchard, but also for all of his friends.

When I was invited to be here for this occasion, I accepted immediately, for several reasons. I wanted to express my high regard for Dr. Pritchard whom I had met only a few times. When I first came to St. Lawrence County, we were brought together on a problem of importance affecting other people, and I was impressed by his insight, his understanding, his integrity, and his personality. A second reason I accepted the invitation is the high regard in which I hold the state hospitals of New York State. They are directed by men of ability and competence in psychiatric and psychosomatic medicine. I have known the commissioner of mental hygiene, Dr. Newton Bigelow, for a number of years and consider him one of the ablest of the professional men who has become an administrator. And third, I am glad to be associated with the dedication of an enterprise with which was connected my personal friend, Dr. Richard H. Hutchings, who came here as a young doctor in 1892, was made head of this hospital in September 1903, at the age of 34, and remained here until 1919.

I would like to pay tribute to the state hospitals for what they are doing. As a layman who has some awareness of their work, I would like to assure the general public that the New York State hospitals are doing some amazing things in psychiatric medicine. Slowly but surely the public is beginning to realize that mental illness should be approached with the same attitude as other illnesses; that admission to a mental hospital holds much promise of successful treatment. In the January 1951 issue of THE PSYCHIATRIC QUARTERLY there is an article by Dr. Harry C. Solomon, head of the Boston Psychopathic Hospital, and it is most encouraging. A reading and understanding of this article would take much of the fear out of the public mind regarding mental hospitals. Dr. Solomon says this:

*Address delivered by Dr. Bewkes, president of St. Lawrence University, at dedication of the Pritchard Pavilion at St. Lawrence State Hospital, Ogdensburg, N. Y., June 13, 1951.

"The following truths seem self-evident: (1) Most acute psychoses have a high recovery potential; (2) many acute psychotics if given reasonably-considered care will ameliorate or recover; (3) not infrequently recovery or amelioration is retarded if not prevented by poorly conceived methods of care; (4) specific therapeutic methods now available will increase the number of acute psychotics who will be able to carry on relatively satisfactorily in society."

It is then, you see, not only as a citizen of the "North Country" that I participate here today, but as one who by reason of personal associations and personal connections has a long-standing interest in the management of this institution. Furthermore, I have a great personal interest in psychiatric medicine. I am on the board of directors of the Institute for Psychotherapy, established in New York City a few years ago.

I propose to say something today on the subject of the professional man as administrator. I know something about this subject in the college and university field, and I discovered that what is true about that field is also true to a large degree in the field of hospital service and administration.

It is an interesting fact that an administrator is often in a world apart, because his professional staff have allowed an invisible fence to exist between him and them. In many colleges and universities there is a line of demarcation between the administration and faculty, and sometimes the relationship is not altogether friendly. There is sometimes a slight show of condescension on the part of the teaching staff toward the administration. Somehow the feeling is engendered that the administrator is doing the less important work, while the teaching members, or the doctors on the staff, are doing the real work. The administrator, they say, by some strange freak of our economy, does less but gets more.

It is important for all of us who are citizens to understand the function of administration in our modern complex world, and I engage upon this topic as part of my tribute to Dr. Pritchard, a professional man who became an administrator, and a very good one.

In the libraries of our universities are many books published in the last half century, and especially in the last 25 years, on the subject of administration and management. Much research has been devoted, not only to techniques of good management, but especially

to the qualities necessary in the personality and character of the effective executive. It is a fact that in this same half-century, when every branch of professional work has been getting more and more specialized, the knowledge about administration has likewise developed to a surprising degree.

Fifty years ago the same college professor could cover the fields of philosophy, psychology and education, or one man could cover physics and chemistry. Now there are at least three to five men in each of these areas, even on small college staffs. It is hardly necessary to point out that this process of elaboration of specialties and functions has affected the administrative function of institutions also. The administration of a college today is tremendously more complex than 50 years ago. The same thing is true of a modern hospital. The medical knowledge of today, the diagnostic and therapeutic procedures, are far beyond those of only a few decades back. As one who likes to read THE PSYCHIATRIC QUARTERLY, I have been astonished at the progress that has been made and is being made in the psychiatric field of medicine.

All of these developments are characteristic of what has been taking place throughout our culture. Modern business is also quite a different thing from that of a generation ago. It is because of this immense growth and intricate diversity that organizational and administrative talent are of such increasing importance. They are important for many reasons, but just from the standpoint of economy, efficiency and management, good administration is essential.

During World War II, I was connected with a branch of government service whose purpose it was to make war plants, shipyards, and other industrial organizations more effective. Our teams of experts could quickly tell whether the morale of a plant was good; whether the productivity per worker was reasonable; and, after study, a team would make recommendations that would improve the total situation. It is amazing to recall that it was often possible to increase productivity from 25 per cent to 50 per cent without increase of manpower; to make plant conditions so much better that absenteeism virtually ceased; to improve morale so that turnover was low; to recommend reorganization of personnel for more effective management. In short, in the course of several years the United States taxpayer was saved hundreds upon hundreds of millions of dollars. Good administration is good economy.

One of the most interesting discoveries that has come out of the science of good management, a fact that the war experiences confirmed over and over again, is this—no matter how well a business or a factory may be organized theoretically, it will not be a sound, healthy, happy organization unless the top administrator has a competent understanding of that organization, and has personally at heart the interest and well-being of the people in the organization. And surely no university or hospital can be an exception to that rule.

It may be said that a business enterprise is altogether different from an organization in which the personnel is mainly professional. Different? To be sure, but not altogether different. Universities and hospitals are much alike because their predominant personnel is professional. One respect in which they are different from business enterprises is that they are not run for profit; their primary motive is public service, paid for by the public in the form of tax money or public subscription. Their effectiveness is not judged by profits, but by maximum contribution to health or to education. But these institutions are like businesses in that they have to be well organized and efficiently administered. Every dollar wasted in mismanagement is just so much lost from the budget. Every dollar wasted is to that degree a curtailment of the possible service that the institution could render. It requires intelligence and judgment to make the budget dollar render its fullest value to the public. We should not for one moment minimize the importance of the business side of public institutions.

I wish we had more sound business-administration judgment at work throughout our entire public service. There is appalling waste in the operation of our government. Consider the fact that the United States government could operate the same essential services and yet save four billion dollars a year if it adopted the administrative recommendations of the Hoover commission. Four thousand million dollars could save a lot of taxes, or build half a dozen St. Lawrence Seaways.

I wanted to make the point that professional institutions like hospitals and colleges have much in common with business enterprise; that there is a business administration side to these institutions; and that much of their total effectiveness may depend in large measure on the soundness of the administration.

Having said that, we must recognize that the administrative head of a university or a state hospital like this must be, not only a good business man, but, first, a good professional representative. I am aware that in the administration of general hospitals, a new development has occurred, in which non-doctors are trained to administer the hospital, taking care of all business matters, leaving the doctors free to be full-time physicians. I have discussed this problem at the Massachusetts General Hospital and at Columbia University and with hospital leaders elsewhere. There is some difference of opinion, but for the most part the leading hospitals have medical doctors as administrators.

I think the state hospitals, like the colleges, for some time to come, are likely to select as heads professional men who have shown some evidence of administrative ability. It is my strong conviction that ordinarily the head of a college should be a man who has come up the academic ladder. There are exceptions to this, like General Eisenhower. But assuming that it is well ordinarily to have a professional man as administrator of an institution which is primarily professional in character, the fact remains that this person, in addition to being a competent professional man, should have executive ability. If I had to choose between an educator who was no administrator, or an administrator who was no educator, I think I would choose the administrator. Any institution slides very fast into chaos where the head has no genuine administrative talent.

It is my view that professional men on a state hospital staff prefer to have one of their own professional colleagues as director. Now what happens when this professional man is made a director or administrator? He soon finds himself in a special category of being somewhat apart. He is the administrator now, the man whose decisions affect other people's comforts, salaries, assignments, even other people's lives. He now becomes the tribal father and the focus of more fears than loves. He is the man who expects, and probably prods the rest of us into, a continuous and exacting standard of performance. Happy is the professional man on the staff who needs no prod other than his own inner drive; his own high standard of professional performance; who when alone is a harder taskmaster on himself than any director would be. But human nature being what it is, many of us need prodding, yet we

resent it. We project upon him who goads us the criticism and the dissatisfaction we should, but cannot, bring to place upon ourselves.

The professional man as administrator is in this place of executive responsibility and once there he does take on a new and extremely important function. It is not simply that he is now a business man. If he is a good business administrator, he will be so because he has suitable natural talents. But those administrative talents are instruments of a larger purpose. The professional man as administrator has moved up to a new order of professional outlook. Whereas before, he was responsible for his own individual professional competence and performance, he is now responsible for the effective operation of an entire staff.

I hazard a guess that very few members of college faculties or of hospital staffs know what goes on in the minds of their presidents or of their administrative directors. They do not know that the administrator has taken on a sense of responsibility, a "living-with" kind of obligation, that goes far beyond the professional obligation of the staff member. The administrator is ever thinking how to extend, how to improve, the hospital or the college, *as a whole*. Whereas the staff member's reputation depends upon his professional competence, his writings, his findings, his handling of patients; the administrator's reputation is concerned with the success of the hospital or institution as a whole. It is the administrator who dreams and plans for the future of the hospital as nobody else on the staff does or can.

It is Dr. Pritchard as administrator, who, in thinking how to make the hospital as a whole more effective, concluded that there should be a centralization of certain medical and surgical functions in this pavilion, and thus caused it to be utilized better than before. I salute Dr. Pritchard, a devoted doctor, a professional man who had the talent of administration, and say to him that his great service is written large in the Book of Life.

St. Lawrence University
Canton, N. Y.

DEJA VU EXPERIENCE AND CONSCIOUS FANTASY IN ADULTS

BY A. H. CHAPMAN. M. D., AND IVAN N. MENSH, Ph.D.

Introduction

The experience of *déjà vu,* the feeling of having lived through a current experience before, is considered to be relatively common in adults. Yet, little is known regarding its incidence. MacCurdy[1] writes, ". . . *déjà vu* . . . [occurs] in many normal people—one writer . . . claims in 30 per cent of adults. It is still more frequent among children and adolescents." Another attempt to deal with the subject is found in S. A. Kinnier Wilson's *Modern Problems in Neurology,* published in 1928. In defining the phenomenon and commenting on what is known of its frequency, Wilson[2] wrote: "The phenomenon of *déjà vu* . . . is undoubtedly of common occurrence in normal persons, as we all know. By it is meant simply the feeling (it is not so much a feeling as a judgment) of the particular set of circumstances or environment in which we find ourselves at the moment having occurred before or been experienced before, on a long previous occasion."

Similarly, there is scanty information on the frequency of conscious fantasy, or day-dreaming, considered by some to be an allied phenomenon. In the literature, day-dreaming is generally considered to be universal in humans and much more common in the early periods of life—childhood, adolescence, and young adulthood. However, very little seems to have been objectively established regarding the varied roles of conscious fantasy in psychic life at various age levels, except that it may play a continuously decreasing role, as the individual advances through life.

The present study was designed as a preliminary effort to obtain more information on *déjà vu* and on fantasy activity in the form of day-dreaming. It was felt that the first step should be a study of the frequency of these phenomena in the general adult population, with particular attention to related factors. In a search of both the psychiatric and psychological literature, the authors were unable to find comprehensive data on the incidence of either of these forms of psychic activity and experience.

Procedure

A total of 220 persons from 15 through 69 years of age were individually interviewed and the data recorded on a standard form.

The sample consisted of 110 men and 110 women, with 10 persons of each sex in each of the 11 five-year age groups in that age span. The interviews were conducted by the same observer (AHC) within a three-week period, and the same wording was used with all persons. The subjects were white, about 95 per cent were ambulatory, and the remainder were hospital bed-patients. The majority of the subjects were interviewed in the Washington University Clinics, the remaining few selected at random from medical wards. Five persons refused to be interviewed, and two others, obviously psychotic, were not completely interviewed and were not included in the data. Essentially then, the sample was drawn from a white, ambulatory, clinic population.

The interviewer approached the subjects and began,

> "We are conducting a survey study of the general population. This has nothing to do with your case, or that of any relative of yours. We do not take your name. Are you willing to be interviewed?"

Questions then asked by the subject were answered by saying,

> "The questions will explain themselves. If you have any objections to the questions, it will not be necessary for you to complete the interview."

With the exceptions noted (3 per cent refusals), the interviews were completed, totalling 220. In every case, the interview was carried on in such a way that no third person could hear the subject's responses. The subjects co-operated well, accepted the interview cheerfully, and none appeared disturbed by it.

Before the present series of questions—see the accompanying questionnaire—was selected, several ways of phrasing questions were tried out on trial runs of subjects. It was found necessary, for example, to assure the subjects that day-dreaming was a normal phenomenon. Otherwise, it aroused anxiety and defensive reactions which interfered with accurate results. These preliminary trials also served to reduce the possibility of "leading" questions which bias responses. In cases where the subject seemed in doubt as to the meaning of questions, the items were repeated. In such cases, at the close of the interview, the examiner would question the subject more carefully to make sure he had understood the questions and the phenomena involved. Thus, the standard form of the interview was not prejudiced.

Questionnaire Form

1. Number.
2. Initials of name.
3. Birth year.
4. Age and sex.
5. Last grade of school completed.
6. Occupation.
7. How often, per year, do you travel a distance of about 50 miles or more from your home locality?
8. Do you day-dream?

If No. 8 is negative:

9. When did you last day-dream?
10. Did you ever day-dream very much?
11. How often do you find yourself day-dreaming; in terms of how often per day or how often per week?

Only if No. 11 is negative after a positive No. 8:

12. How often per month?

The second thing I am going to ask you about is something known is the "already seen" experience. In this experience a person as he is doing something or seeing something has the strange feeling that somehow he has done or seen this before, when really it seems impossible that he has done it or seen it before.

13. Do you recall having had such experiences or sensations like that?

The following are asked only if No. 13 is positive:

14. What is the last such experience, for example, like that which you remember?

How often would you say you have had this experience in:

15. The last month?
16. The last six months?
17. The last year?
18. The last five years? Or more?

Results

The characteristics of the sample studied are reported in Table 1. In each five-year age group there were 20 subjects, thus allowing for comparison of equal size sub-samples throughout the age span of 15-69. Over 80 per cent of the total group of 220 had re-

Table 1. Per Cent Distribution of Characteristics of Sample Studied (220 Cases)

A. Age (years)

	Per cent		Per cent		Per cent
15-19.....	9	35-39.....	9	55-59.....	9
20-24.....	9	40-44.....	9	60-64.....	9
25-29.....	9	45-49.....	9	65-69.....	9
30-34.....	9	50-54.....	9		

B. Education (highest grade completed)

	Per cent		Per cent
0- 3.....	4	13-16.....	10
4- 8.....	42	17+.....	4
9-12.....	40		

C. Occupation

	Per cent		Per cent
Professional	5	Students	5
Skilled and semi-skilled....	38	Housewife	33
Clerical	8	Unskilled	11

D. Travel (times per year subject travelled 50 miles)

0	8	13-24.....	7
1- 4.....	40	25-100.....	17
5-12.....	24	100+	4

ceived four to 12 years of schooling, 10 per cent had had college training, and 4 per cent had done post-graduate studies, balancing the 4 per cent who reported fewer than four years of schooling. More than 70 per cent of the subjects were skilled or semi-skilled workers, or housewives. Only 8 per cent of the 220 persons interviewed said that they did not travel more than 50 miles from their home locale as frequently as once a year, and nearly one in three said such travel occurred more than once a month, indicating the mobility so often reported in our population.

The peak of education came in subjects in the 20 to 39-year range; the most travelled subjects were those between 30 and 50; and the professional and skilled groups were principally at ages 25, 40, and 65, representing various levels of training and experience among the 89 subjects at these occupational levels.

Each of the types of psychological experience—*déjà vu* and conscious fantasy in the form of day-dreaming—were examined with reference to the factors of sex, occupation, travel, age, and education.

Déjà vu

No significant sex differences were found between the 110 women and 110 men studied. Thirty-five per cent of the women and 31 per cent of the men recalled *déjà vu* experience(s), distributed in the pattern shown.

Frequency of *déjà vu*	Per cent Women	Men	Frequency of *déjà vu*	Per cent Women	Men
Once a month	5	2	Once a year	12	9
Once in 2 months	1	1	Once in 5 years	3	5
Once in 4 months	1	3	Once in 10 years	5	6
Once in 6 months	8	6			

The trend of greater incidence of *déjà vu* in women is seen at the frequencies of once a month, once in six months, and once a year, nearly balanced, however, by greater incidence in men at once in four months and once in five years. These are trends only, and not statistically significant.

The data on occupational status indicated certain relationships between this factor and *déjà vu* experience. Subjects in the six levels of occupation examined reported *déjà vu* in 28 to 45 per cent of their number, with greater proportions of the professional, student, and clerical groups reporting the experience than was found in the other three occupational levels. This is seen in the summary of percentages reporting *déjà vu*:

Occupation	Per cent reporting *déjà vu*	Occupation	Per cent reporting *déjà vu*
Professional	45	Housewife	31
Skilled	33	Student	42
Unskilled	28	Clerical	41

Travel (distance greater than 50 miles) did not appear to be generally significant, as may be seen.

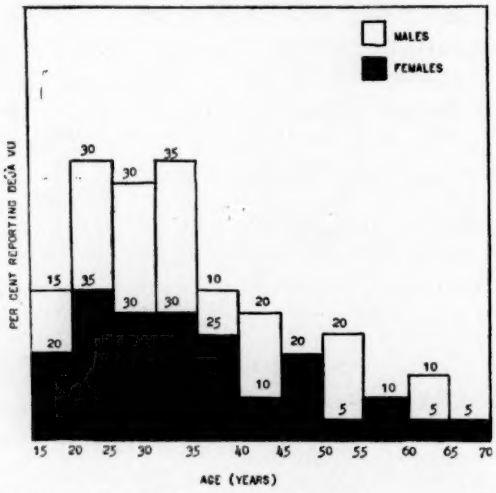
Travel	Per cent reporting *déjà vu*	Travel	Per cent reporting *déjà vu*
0	11	13-24 trips a year	44
1-4 trips a year	31	25-100 trips a year	34
5-12 trips a year	25	100+ trips a year	33

Except for those subjects who reported no travel, the incidence of *déjà vu* did not vary significantly with travel experience. It is interesting, however, that the non-travelers (in whom new experiences would not be expected to occur frequently because of the lack of travel) reported *déjà vu* in only 11 per cent of their number; the next two groups (one to four and five to 12 trips a year) had increased incidence, 25 to 31 per cent reporting *déjà vu*; and among those who traveled 50 miles or more away from their home locality monthly or more often, 33 to 44 per cent had experienced *déjà vu*. It would seem then that there is the sharpest dichotomy,

in terms of the psychological experience of *déjà vu,* between non-travelers and travelers—with relatively little variation among the latter group.

Figure 1 summarizes the data on *déjà vu* experiences at various age levels and for each sex. At ages 20 to 35 the greatest incidence occurs, with 60 to 65 per cent of the total sample reporting *déjà vu.* After 35, the incidence drops sharply, only 35 per cent reporting *déjà vu* in the age range of 35 to 40; and after the age of 55 only 5 to 15 per cent reported the experience. The 'teen-age group

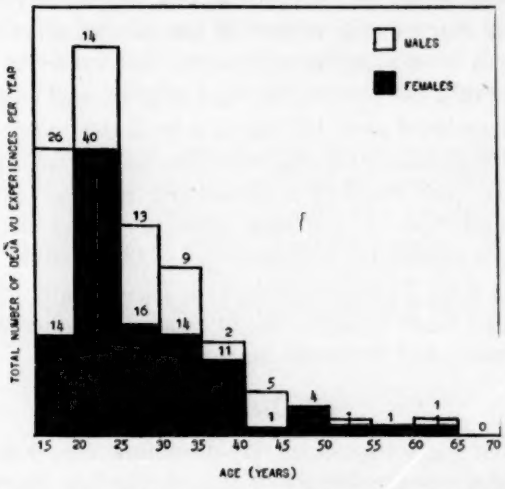
Figure 1. Percentage of persons reporting *déjà vu* experiences at various age levels for each sex.



showed an incidence of the same order, 35 per cent, as the group aged 35 to 40, again sharply defining the peak of *déjà vu* in subjects ranging in age from 20 to 35. The statistical correlation (r) between age and reporting of *déjà vu* was computed[3] and found to be —.23, demonstrating a significant[4] inverse relationship.

Turning now to the frequency of *déjà vu* in the individuals reporting the experience, one can see a related picture in Figure 2. Again the 20 to 35-year-old group differs from the other age ranges, and 106 *déjà vu* experiences per year are reported by the members of the 20 to 35 group, compared to 28 experiences per year in subjects past 35, and 40 per year in the 'teen-agers. It is significant, however, that the latter group, though fewer of its number reported *déjà vu,* experienced a greater frequency than

Figure 2. Total number of *dèjá vu* experiences per year for each age group and sex.



any age group except the one just older, the 20 to 25-year-olds. Thus, the total number of *déjà vu* experiences in adolescence and early adulthood, representing less than 20 per cent of the total sample, was greater (94 per year) than the total number of *déjà vu* experiences for the remaining 82 per cent (80 per year). These data indicate that one-fifth of the 220 subjects reported *déjà vu* at a frequency greater than that found in all the others questioned, and this small group is concentrated at the young age levels of 'teens and early 20's.

The significant inverse correlation between reported *déjà vu* experiences and age raised a question, however, of the true significance of the relationship. It will be recalled (cf. p. 167) that larger proportions of the professional, student, and clerical groups reported *déjà vu,* and this distribution suggests that education may have been important in the age-*déjà vu* relationship. This suggestion was strengthened on examination of the range of education, as illustrated:

Education (grade)	Reporting *déjà vu*	Education (grade)	Reporting *déjà vu*
0- 3*	22	13-16	43
4- 8	18	17+	56
9-12	44		

*Less than 4th grade schooling generally is considered illiteracy, e. g., in the armed forces.

In order to test the hypothesis that education, and not age alone, was significant, a partial correlation was computed, partialing out by statistical control[3] the effects of the education variable. Age and education were significantly related inversely ($r = -.37$), as was age and *déjà vu* ($r = -.23$), and *déjà vu* and education were positively correlated ($r = .16$) but at a level just barely significant. The latter relationship, together with the partial correlation value, demonstrated that there is a significant, inverse correlation between age and *déjà vu*, for even after partialing out the effects of education a significant relationship (—.18) remains.*

In general then, *déjà vu* experience is significantly and inversely related to age; there is only a slight relation to education, occupation, and travel; and there are no sex differences.

Day-Dreaming

The related phenomenon of day-dreaming also was studied in its relationships to the factors of sex, occupation, travel, age, and education. As with *déjà vu* there were no sex differences in the incidence of day-dreaming. Sixty-five per cent of both sexes reported the experience, nearly double the incidence of *déjà vu*, with the frequency of day-dreaming distributed as shown.

Frequency	Per cent Women	Men	Frequency	Per cent Women	Men
Once a month	5	7	Once or twice a day	27	23
1-3 times a week	20	23	Three+ times a day	13	12

The trend, not statistically significant, however, is toward less frequent day-dreaming among men, although the relative incidence is the same (65 per cent) for both sexes.

Occupational status of the sample members is reported in terms of the percentage of each level who told of day-dreaming:

	Per cent reporting day-dreaming		Per cent reporting day-dreaming
Professional	100	Housewife	64
Skilled	57	Student	100
Unskilled	68	Clerical	53

*Tables of probability (Ref. 4) for 220 cases indicate 5 per cent level of significance for an r of .16, and a 1 per cent level of significance for an r of the order of —.18. That is, the obtained value of r will not occur by chance alone 95-99 times in 100, indicating a significant correlation between the variables.

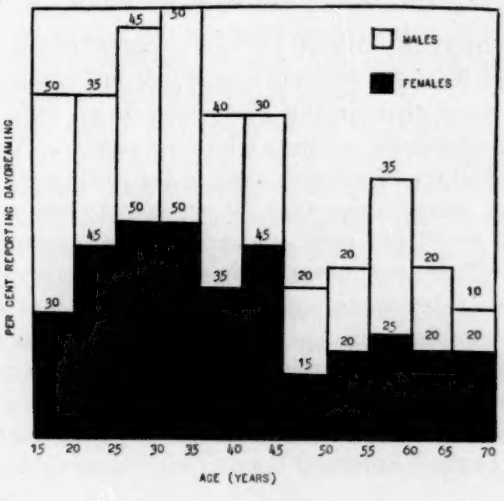
Again, as seen in the *déjà vu* data, greater proportions of the professional and student groups report day-dreaming, with relatively little variation among the other groups. However, relatively more unskilled and housewife subjects report day-dreaming than do the skilled or clerical, the reverse of the proportions seen for *déjà vu*.

Subjects who said that they did not travel more than 50 miles away from their home locality per year reported *déjà vu* in only 11 per cent of their number, a significantly smaller proportion than the 35-44 per cent of other, traveled groups. With respect to occurrence of day-dreaming, there was no such relationship to travel experience, and the occurrence did not vary consistently, as shown below:

Travel	Per cent day-dreaming	Travel	Per cent day-dreaming
0	53	13-24 trips a year	75
1-4 trips a year	59	25-100 trips a year	74
5-12 trips a year	43	100+ trips a year	55

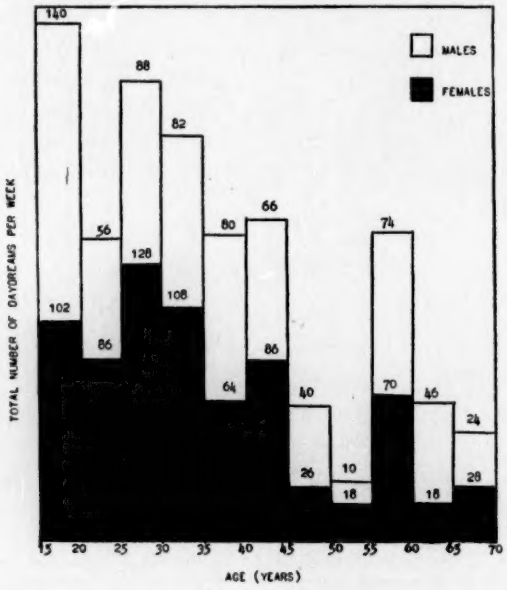
Three out of four subjects day-dreamed among those who traveled 50 miles from home 13 to 100 times per year, but the most-traveled group, those going 100 times or more per year, had but little greater incidence than those who infrequently covered such distances or did not travel at all.

Figure 3. Percentage of subjects, by age and sex, reporting day-dreams.



Figures 3 and 4 present the occurrence and frequency of day-dreaming in the sample studied. As in the data on *déjà vu* experience, there is a sharp decline in day-dreaming after the age of 35, decreasing by 25 per cent from the peak in the 30 to 35 age group.

Figure 4. Total number of day-dreams per week for each age group and sex.



In the 'teens and early 20's, 80 per cent reported day-dreaming, approaching the 95 to 100 per cent occurrence in those aged 25 to 35, and barely more than in the 35 to 45 groups, but significantly greater than among the subjects who were past 45. Yet, there are significant numbers of subjects even in the older ages who report daydreaming, never fewer than 30 per cent in any age group, a range of 30 to 60 per cent occurrence—much greater than the range of 5 to 35 per cent observed in *déjà vu* experiences.

Frequency of day-dreaming in the individuals reporting the experience follows the same age pattern, with an average number of 10 day-dreams per week for subjects of ages 15 to 35, and an average of five per week for those past 35, a 2:1 ratio.

Finally, education was studied in its relation to day-dreaming, as reported in the following:

Education (grade)	Per cent day-dreaming	Education (grade)	Per cent day-dreaming
0- 3	11	13-16	81
4- 8	56	17+	88
9-12	72		

The correlation (r= .08) between education and day-dreaming was not significant. Although the trend indicates increasing day-dreaming with increasing education, it should be remembered that it was among the old people in the study that 0-3 grades completed was typical. That age and not education is the significant variable in day-dreaming experience is demonstrated by the lack of education-day-dreaming correlation (r= .08) and by the significant, again inverse as in *déjà vu*, correlation (r= —.39) between day-dreaming and age.

In summary then, day-dreaming decreases significantly with age, occurs in nearly twice as many individuals as does *déjà vu*, and is not related significantly to sex, travel, occupation, or education.

Discussion

Although it is generally believed that adolescence is the peak period of fantasy activity, the present data indicate that more young adults report the psychological experiences of *déjà vu* and day-dreaming, with the peak incidence in the 20 to 25-year range. However, it is the adolescent group which reports greatest frequency of day-dreaming, with 242 day-dreams per week by the 'teen-agers, a number not exceeded by any other of the age groups studied. Thus, these data objectively support the clinical findings on relationship of adolescence and fantasy.

At the other end of the age span, 85 to 95 per cent of the individuals past 60 reported no *déjà vu*; and 60 to 70 per cent reported no day-dreaming. Yet, at the age of 35, 100 per cent reported day-dreaming and 65 per cent reported *déjà vu*. It can be assumed then that day-dreaming has occurred at some time in the life span of those past 60 but that they no longer recall the experience. Similarly, it can be assumed that many of the older subjects who now report never having had the experience of *déjà vu* had such experiences when younger and now have forgotten them. Since neither *déjà vu* nor day-dreaming involve sensory perception (touch, taste, smell, etc.), these psychological experiences do not have the recall values of activities utilizing motor or other senses.

A number of theories have been proposed in explanation of the psychological experience of *déjà vu*. S. A. Kinnier Wilson[2] has outlined the principle ones. Some of these are presented in brief here:

A. The individual actually has experienced the situation, or a very similar one, and now he recalls only inexactly the precise earlier experience.

B. The present experience may have occurred only in fantasy previously, and now is being experienced in reality.

C. The present experience occurred in night-dreaming and now occurs in reality. (Ferenczi.[2])

D. "The feeling of *déjà vu* corresponds to the memory of an unconscious fantasy." (Freud;[2,5] also MacCurdy;[1] Ferenczi;[2] Bergler.[6])

E. The basis for *déjà vu* lies in the recollection of ancestral and antenatal memories, through hereditary transmission of mental phenomena, fantasies, and images. (F. W. H. Myers.[2])

F. *Déjà vu* is an abnormality in the correlation, at the cortical level, of perception and recollection. This may be due to either organic or functional factors.

G. *Déjà vu* is a function of "a moment of distraction between two perceptions of the same place." (Ribot.[2])

H. Reincarnation is responsible for the *déjà vu* phenomenon, as in Hindu philosophy; or as Storing[2] phrases it psychologically —a reproduction of an idea from a "previous state of the self."

Wilson[2] apparently believes *déjà vu* may be produced variously by several of the mechanisms suggested by the preceding theories. Thus, in one instance, one mechanism may produce the *déjà vu* experience, whereas, in another instance, another mechanism may be operating. It is significant, however, that in none of these theories is the age variable discussed. Yet, the data obtained in the present study indicate that the principal factor in both incidence and frequency of *déjà vu* and day-dreaming is age. This finding suggests a re-examination of the hypotheses underlying the various theories, orienting them in terms of the relevance of age as a determining factor in the reporting of *déjà vu*. Finally, theories relating *déjà vu* to fantasy also should take into account the observed age differences in frequency of fantasy, as reflected in reported day-dreaming activity.

SUMMARY

Two hundred and twenty persons, ranging in age from 15 through 69 years, were individually interviewed. Data were obtained on their psychological experiences of *déjà vu* and day-dreaming (conscious fantasy) and on related factors. In general, *déjà vu* experience was found to be significantly and inversely related to age; there was a slight relation to education, occupation, and travel; and there were no sex differences. Day-dreaming was also found to decrease significantly with age, occurred in nearly twice as many individuals as did *déjà vu*, and was not related significantly to sex, education, occupation, or travel.

In view of these findings on the importance of age in the reporting of such psychological experiences, it is suggested that theories about *déjà vu* and theories relating it to day-dreaming take into account the observed age differences in incidence and frequency of these phenomena.

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A PRELIMINARY REPORT ON THE USE OF THE DANCE AS AN ADJUVANT IN THE THERAPY OF SCHIZOPHRENICS

BY DONALD W. MARTIN, M. D., AND NOHMIE BEAVER

Theoretical Considerations

The dance is a form of human expression which cannot but interest the student of psychological science because of the wide and varied scope of its history and development, as well as the richness of its meanings, for both culture and the individual. Practised in some form in every society since the beginning of recorded history, it appears to fulfill deeply rooted, universal urges in men to express themselves; whether the emphasis be placed on sexual or religious meanings or, more simply, on stylized manifestations of deep grief or joy. In the individual, it is clearly derived from the enjoyment, in early infancy, of simple movement (active or passive) of the various parts of the body (or of the body as a whole), especially in a rhythmic fashion. With physical and psychological maturation these satisfactions naturally become more and more complex, but they never seem to lose their basic character—that is, a striving for satisfaction *via* the kinesthetic sense. Carried to its most highly-developed form, this mode of behavior emerges as a creative art.

On the surface then, it would appear that this is a fruitful field for scientific research, particularly at a time such as this, when those attempting to help sufferers from emotional ills are casting about for added tools for their treatment armamentarium. More significantly, in an era and society such as ours in which sexual conflict is rampant and in which the *body* is frequently overlooked or considered shameful, perhaps more attention should be focused on the body, and perhaps efforts to free it from bonds of inhibition and taboo could be of amazing benefit. Yet psychiatry has done very little so far with this potential tool. The literature is characterized by a rather marked silence on the subject, with some of the following noteworthy exceptions.

Rowena May, in her article "Modern Dancing as a Therapy for the Mentally Ill,"[1] states that the dance group is an excellent setting for gaining further insight "into the personality difficulties and inhibitions of each member." Viewing mental illness as essentially a failure on the part of the individual to adjust his inner

needs to the environment, she felt that the modern dance offered unusually satisfactory (as well as socially acceptable) outlets for the basic erotic and aggressive drives. She was struck by the fantasy material of this character which some of her patients were for the first time able to express in activity.

In their work with groups of children, Dr. Lauretta Bender and Franzeska Boas[2] found that the utilization in the dance of very basic psychological patterns enables the child to find expression for "primitive and deeply buried fantasies" in a therapeutic way. They also stress the social gains to be derived from this form of activity.

The dance, in the form of social dancing, is of course being widely used in the treatment of psychiatric patients; but this is the most superficial of the uses to which it could be put—it is just "scratching the surface." Seeing it from a broader and deeper point of view, the writers feel that the dance can be utilized in the following important ways: (1) As a means of getting to the patient who might not otherwise be accessible, of catching his interest and channelizing it into a social situation. (2) As a correctional, physical therapy directed toward better muscular co-ordination and the achievement of greater physical relaxation and poise. (3) As a means of creative self-expression. This may include the acting out of significant psychodynamic material.

If one accepts the "holism" of modern psychosomatic theory, it seems reasonable to assume that not only is the body influenced by psychological factors but also that the psyche is, in turn, inevitably affected by somatic processes. We have accepted the psychogenic origin of much somatic disease, but how little have we done with the idea of the possible psychological effects of physical training! The writers feel that the achievement of a better coordinated, more relaxed body will necessarily have profound and beneficial effects upon the patient's mental and emotional state.

It is striking to observe how frequently both neurotic and schizophrenic patients complain, not only of myriad tension symptoms but also, more specifically, of physical awkwardness and self-consciousness. They seem to crave and welcome instruction in any technique which will give them greater mastery of their bodies, and hence more social confidence. Furthermore, many of the writers' patients at least, had shown objectively the effects of chronic

muscular imbalance and lack of co-ordination in their strikingly poor postures and clumsy gaits.

Dance therapy of an intensive sort and of the type used in this study has proved highly effective in organic states such as cerebral palsy, and in borderline functional conditions such as torticollis, "arthritis," and low back pain.[3*] The psychological results in such cases have often been even more striking than the physical; and seeing these results has made the writers more hopeful than ever in their efforts to apply the technique to conditions that are today considered primarily psychiatric in nature. However, a detailed discussion of the borderline somatic cases is beyond the scope of this paper.

The Organization of the Dance Group

The group upon which this study was based was selected from patients on convalescent care from Kings Park State Hospital who were attending the aftercare clinics of that institution in New York City. They were all of the adolescent and young-adult age groups and all had been classified as schizophrenic. Special effort was made to include those who had been diagnosed catatonia, because of the apparent tendency of that group to show symptoms in their episodes which involve the motor system. Since the initial phases of the therapy were to involve social dancing, an equal balance between the sexes was sought. The entire experiment was conducted by a working team composed of a psychiatrist, a psychiatric social worker, and a dance instructor.

It was found that the preparation of the patient for the activity was most important, and the co-operation given by the entire social service department in this respect was most gratifying. To facilitate the referral from the various clinics of patients interested in the dance, a mimeographed work-sheet was prepared in which was filled in pertinent information on each case for ready reference and filing by the working team. In many cases, repeated interviews (over a period of a month or more) were necessary before the patient was ready to accept this type of help. Those referred were each interviewed again by either the psychiatrist or the social worker, so that the aims and methods of the plan could be explained in greater detail. At no time, was it mentioned that the

*Mr. Feher, to whose article (Ref. 3) the reader is referred, was kind enough to donate his time as a participant in the writers' experiment.

work was experimental, and it was pointed out that this was simply another means provided in aftercare planning which the patient could utilize to help himself.

The group met once a week for an hourly session at the dance instructor's studio in mid-Manhattan. During the period covered by this paper (May to July 1950) there were eight sessions, and a total of 11 patients participated, of whom an average of eight appeared at each meeting. Because of the hour selected, most of the patients chosen were unemployed.

Technique

With respect to the dance technique itself, it was felt best to begin with ballroom training, the one type of dancing which the majority of the group would be most certain to find familiar and therefore reassuring. Furthermore, the practical advantage of instruction in this area seemed to serve as an additional motivating force. Nevertheless, techniques were borrowed from practically every other form of dance, especially the ballet.

The sessions were usually begun with simple dance exercises, performed with the group arranged in a line facing a mirror-lined wall. These exercises were designed to relax the patient and facilitate his concentration, as well as being directed toward the correction of poor posture and co-ordination. The subjects were encouraged to practise them at home between classes.

Then, simple dance steps were practised with music, first individually (so that the subject could watch the instructor and also himself in the mirror) and then in couples, care being exercised to change the couples at comfortable intervals. As the sessions progressed, different steps and variations on steps were introduced to facilitate the development of greater flexibility and confidence on the dance floor. It should be noted that at no time were there any watchers in the group: It was tacitly understood from the first that each would participate.

Frequently, part of each hour (five or 10 minutes) was devoted to special relaxation techniques. Sitting with their eyes closed, the patients listened to an almost hypnotic recorded voice telling them step-by-step how to relax each part of the skeletal musculature. Subsequently there was a short discussion of these methods and how they could be applied to common everyday situations. For example, the more obvious and common physical symptoms of shy-

ness were pointed out as representing signals which the subjects could learn to recognize and then deal with in themselves. Thus, by learning how to relax the abdominal muscles, they can largely relieve a sensation of "butterflies" and achieve a sense of being better able to cope with situations tending to produce this feeling.

In all of this activity the dance instructor used a rather impersonal and off-hand, though friendly, attitude toward his pupils. He was primarily the teacher with whom the individual could gradually identify more and more, as he submitted to him and carefully imitated his body movements. The atmosphere was studiedly permissive, the group being advised frequently that they could practise as they wished or even request other kinds of activity. Mistakes were encouraged, as being part of the learning process, and praise was given, both collectively and individually, in an impartial way, whenever and wherever it seemed most indicated. Throughout the actual dancing the other two members of the therapeutic team besides the instructor remained deliberately aloof, sitting to one side. They were meant to represent parent substitutes, accepting and encouraging, yet not active participants. It was felt that in many instances the patients needed this sort of background support.

Recognizing that dancing is a group activity *par excellence*, every effort was made to utilize whatever group feeling and interaction developed. Therefore, conversation among segments of the group was encouraged before the dance was to begin, by the therapists themselves entering into informal chats with individuals. After the dance session, an informal meeting was instituted, at which simple refreshments were served. Attempts were made by the leaders to initiate general discussion of the activity itself as well as of more personally significant topics, setting, as a goal, interaction among the members themselves. Whenever individual problems were brought up, the leaders were as noncommittal as possible in order to stimulate comments from the floor. If outside activities were suggested by the members, they were tacitly or otherwise encouraged whenever they seemed fitting.

Individual Patients and Their Reactions

Case 1

Jim, a quiet, serious young man of 32, had had three episodes of psychotic excitement, the first of which occurred in military service

seven years before, which were diagnosed as catatonic. Released most recently from the hospital in September 1949, he was making a fairly good adjustment: working at odd jobs as a salesman, cooperating with vocational rehabilitation measures, and presenting no active symptoms.

With his personable appearance, athletic physique, and relative ease of verbalization, he readily became one of the more dynamic and steadfast members of the group, and in fact attended every session. Not only did he display good muscular co-ordination and a relaxed enjoyment of mixed dancing, but he also stimulated group interaction by his friendly overtures to two other male participants whom he remembered meeting in the hospital. He was able to focus his attention well on the dancing and to ask intelligent questions; and he was unabashedly selective in choosing his feminine partner, often spontaneously proceeding to assist her with the mastery of new steps.

During discussion periods, almost from the beginning, Jim felt free to bring up surface problems of his current adjustment, although these were as a rule addressed to the group leaders. He frequently mentioned how he and Lawrence enjoyed having dinner and a movie together after the meetings, and at the seventh session he recounted a dynamically revealing experience the two of them had had when they visited a well-known dining spot. Because this restaurant was ordinarily frequented by young couples and they had no "dates," the two patients contented themselves for some time by standing on the outside watching what was going on. Jim often referred to how much he enjoyed the dance group and how he looked forward to the meetings. On one occasion, he made a point of bringing up the fact that he had broken an important business appointment to avoid missing the class. He felt that through the activity he had achieved a definite gain in self-confidence and told how he used some of the relaxation techniques he had learned in making his business contacts.

Case 2

Laura is a neat, pleasant-appearing woman of 25 who is rather pyknic in build. Born while her mother was mentally ill, she led a most insecure childhood in a series of foster homes and is said to have been a behavior problem at an early age. Her first attack of mental illness occurred four years previously, and there were two other episodes in the interim, each presenting a picture of

acutely-disturbed behavior with ideas of self-blame and hallucinations of a religious nature—each episode diagnosed catatonic. Now the mother of four children, she has been getting along well in her home since her release from the hospital in January 1950.

One of the few who attended every session of the dance group, Laura at first appeared very shy and self-conscious, reacting to her embarrassment with an apparently involuntary smiling to herself. However, she not only concentrated well and learned the dance techniques quickly but she also developed into one of the leaders of the group. As she achieved greater relaxation and confidence, her dancing changed dramatically from an awkward struggle to a genuinely pleasing performance. It was interesting to note that whereas she spoke at the third meeting of wanting her young daughter to have ballroom and tap-dancing lessons, the following week she felt that the child should study ballet for the "grace and poise" she could gain from it.

At the fourth session she responded quickly to "Bruce's" suggestion that the group get together for a swim, and the following week she was the only one to arrive with both a bathing suit and concrete plans for the occasion. She was able to verbalize an appropriate resentment over the fact that Bruce had failed to keep his appointment, but at the following meeting (even though she again brought her swim suit) she accepted without anger the group's failure to carry through the plans. In the eighth session, Laura displayed keen interest in a brief talk on shyness and relaxation and was able to express in the group situation something of her concern over her marital difficulties.

Case 3

Bob, now 26 years of age, had led an apparently normal childhood, aside from stuttering, and had adjusted well to school and work, until he reacted in 1948 to worry over an illness of his mother with odd and inappropriately-violent behavior. His illness was classified as hebephrenic schizophrenia, and he was released from the hospital in a much-improved condition in October 1949. Subsequently, he seemed to get along well at home, although he did not find outside employment.

During the first four dance meetings he seemed very tense, shy, and self-conscious. Apparently suffering from a hyperhidrosis of the palms, he would constantly wipe his hands with a handkerchief,

and whenever given a choice he would prefer to practise the dance steps by himself. He tended to arrive a little late and to leave as soon as the dancing was finished. However, from the fifth session on, he remained for the refreshments and discussion, participating more and more fully, until finally at the last meeting he was able spontaneously to share with the group small anecdotes of his family life, without evident embarrassment. It was felt that as far as socialization was concerned he had made definite gains in the experimental group.

Bob was especially interesting because of the dramatic effect his absorption in the dance had upon his stuttering. During each session he attended it was observed that the stuttering was severe at the outset, but, as the hour progressed, he would begin to ask questions and make comments without any speech impediment at all. This effect tended to persist throughout the discussion periods following the dance.

Case 4

Linda is a beautiful auburn-haired girl of 15 who had shown marked schizoid traits from early childhood. Subjected to a constellation of influences which included a father who suffered repeated "nervous breakdowns," an elder sister who was described as being domineering and even cruel toward her, and an elderly caretaker (while her mother worked) who took her to disturbing revival meetings of a fanatical religious sect, Linda began to show a psychotic withdrawal in February 1949. Refusing to go to school, she smiled to herself a great deal and in such a way that her mother found it necessary always to accompany her out-of-doors, for fear that she might be "picked up" by young men. During her hospitalization, she appeared manneristic and in a dream-like state, and she was subject to visual and auditory hallucinations. After a series of electric shock treatments, she improved considerably and seemed to regain contact with reality to the point where she could be placed on convalescent care in March 1950.

Always escorted to the meetings by her mother, Linda appeared at the beginning self-absorbed and dreamy, relating little to the other members of the group and displaying odd mannerisms such as a mincing gait, a pursing of the lips, and the habit of carrying her hands almost constantly folded across her stomach.

During the first class it was noticed that as she concentrated on the dance steps she lost all of the mannerisms, standing erect with arms relaxed at her sides, and with an essentially normal facial expression. Progress was noted with each session as she displayed a greater externalization of interest. She became able to verbalize sufficiently to express an interest in learning ballet steps, she socialized to the point where she desired to go with the group on a swimming party, and in one session she described for the others her recent birthday party. At the last meeting Linda attended (the sixth) she was observed executing the dance steps with skill and ease, reacting pleasantly to her partner, and making the appearance of any ordinary, attractive girl on a dance floor. At this time she had also begun to attend a school for radio broadcasting, where it was said that she showed promise.

Case 5

Bruce, now 32 years old, seems to have been severely rejected as a child by his wealthy parents who were divorced when he was nine. Relegated to a life of boarding schools, he became a behavior problem at an early age, and thus had no formal education after he was 14. Leading the life of a drifter, he achieved a moderate success as a motion picture actor, a career which was prematurely ended because of his irregular habits and his drinking. Married twice, he was unable to adjust to the relationship and in both instances threatened bodily harm to his wife while intoxicated. His mental illness developed insidiously and was characterized by impulsiveness, disorganization of thinking, episodes of auditory hallucinations and ideas of reference, and finally by an attack of excited, irrational behavior in public which necessitated hospitalization. During his nine months in the hospital the acute symptoms cleared, and he seemed to achieve greater stability.

At the early sessions of the dance group, Bruce tended to arrive late, to make theatrical entrances, and in general to capture the limelight with his handsome appearance, superficial charm, and nervous talkativeness. During the dancing, he showed more than any of the others the characteristic of glancing backward, as the small child looks to its parents for encouragement.

However, his ease of verbalization and "socialite" manner proved assets in the stimulating effect he had on the others. Not only did he actively assist his partners in mastering the dance steps;

but, in the meetings afterward, he would help with the serving of refreshments and in general play the role of host. By the time of the second class, he felt enough at ease to bring up his own personal problems, regarding both marriage and employment. The following week he expressed a great enthusiasm for learning ballet, suggesting that the group come prepared to change into more suitable clothing, a suggestion which the others were of course not yet ready to accept. He repeatedly verbalized upon the gains which he felt were inherent in the activity group, saying that previously he had always been troubled with feelings of self-consciousness and awkwardness in group situations—or, as he so aptly put it, a feeling of "disconnectedness."

It was Bruce who, in the fourth meeting, suggested that the others join him afterward the following week for a swimming party. Characteristically he named a pool in a very exclusive and expensive hotel, and it was one of the other members of the group who then offered a much more practical site. Showing his typical inability to follow through or to accept responsibility, Bruce was absent the next time and, in fact, did not again attend.

Case 6

Shirley had begun to show schizophrenic symptoms of catatonic-hebephrenic type at the age of 15, having for a period of a few days at that time become sleepless at night and listless during the daytime, as well as quiet almost to the point of mutism. Prior to that, she had always had difficulty in relating to others, and she had been excessively conscientious in her studies. In April 1949, she began to talk to herself at night, expressed bizarre somatic delusions of sexual content, and rapidly regressed to a state in which she was mute, rigid, and wetting. Hospitalized from May until November 1949, she responded well to electric convulsive therapy, with a loss of all overt symptoms and a gradual increase in insight.

Eighteen years of age at the beginning of the writers' experiment, neat and rather attractive, she seemed at first timid, self-conscious, and very uncertain of herself. Her posture was marred by a severe lordosis and her movements in general were awkward. Her tension in the group situation was almost palpable and was sensed by the others, so that for a time the young men seemed to avoid choosing her for a partner. However, Shirley made a great effort to use her opportunity fully and was one of the few who

practised the exercises and steps between sessions. Generally arriving early at the meetings, she was observed several times making friendly overtures to the other young women by speaking to them and shyly touching them very lightly on the arms, in the manner typical of the schizophrenic who is trying to make contact with others.

Shirley missed the second meeting of the group, and it was discovered afterward that she had gone through a brief episode of catatonic-like symptoms. She later told her own social worker that the thought of the dance group had sustained her at the time and that she felt she was deriving great benefit from the activity. Following this, she showed rapid and continuous progress in every respect, grasping new dance steps readily and showing a marked improvement in muscular co-ordination. By the sixth session, she appeared relaxed, danced well, and was thoroughly accepted by the others in the group. As she left at the end of the hour she explained that she was leaving the city for the summer to act as a counselor at a girls' camp and that she would look forward to a resumption of the meetings the following autumn.

Case 7

Lawrence, the product of an apparently harmonious home of above-average socio-economic level, had had three successful years in one of the professional schools of a large university. A brilliant and popular student, but described as being always high-strung, excitable, and rather spoiled, he began to appear mentally upset in November 1948, at the age of 21. When hospitalized early in 1949, he was overactive and overtalkative, expressing delusional ideas of grandiose type, including one that he was employed by the F. B. I. A course of insulin coma therapy resulted in an apparent state of remission, and he was placed on convalescent care in July 1949. Following his return home, he remained essentially symptom-free and got along well, with the notable exception that he did not resume social activities with his former friends.

One of the last to join the dance group (he first appeared at the fourth session), Lawrence proved to be one of the most "faithful" members. From the beginning he participated wholly, although it was evident from a certain amount of grimacing and from a repetitive tapping of his feet and twitching of his fingers that the situation placed him under a great deal of tension. With his per-

sonable appearance and somewhat over-anxious volubility, he was quickly accepted by the other members of the group, most of whom tended to be more passive and retiring.

At his third class (the seventh) he was observed to dance with much more spontaneous and relaxed movements; and he showed an obvious enjoyment, conversing easily with his partners. The following week he helped to buy and serve the refreshments. Lawrence repeatedly expressed his feelings about the group activity, saying not only that he enjoyed and looked forward to the meetings but also that they seemed to help him. Feeling accepted, he gained in self-confidence and was able to extend his outside social relationships beyond the outings with Jim to a gradual resumption of contacts with the friends he had enjoyed prior to his illness.

Case 8

Beatrice's life had been something of a struggle, calling for unusually great powers of adaptation. Coming to America at the age of 14 from her birthplace in Eastern Europe, she persisted diligently in her education, attending evening high school classes and graduating finally at the age of 21. She then worked with equal diligence until, unable to cope with the death of her boyfriend in World War II, she suffered her first breakdown in 1945, at the age of 27. Her recent (second) psychotic episode she later attributed also to "disappointment in love and friendship." Characterized by agitation, noisiness, confusion, preoccupation with religious and death ideas, and a suicidal attempt, the illness was diagnosed as catatonic; and she was released from the hospital (following a spontaneous improvement) in March 1950.

Although she attended only four sessions, Beatrice became a very active member of the group. Alert, intelligent, and comparatively sophisticated, she not only progressed rapidly in mastering the dance material, but she also stimulated the others in the discussion periods. In the third meeting, when a fruit juice was being served as refreshment, it was she who proposed the toast: "To our health!" It was also she who produced the first real group interaction by bringing up a personal problem which stimulated Laura into volunteering helpful suggestions. On one occasion, Beatrice explained that she knew she was getting a great deal out of the activity for the simple reason that she felt less tired and

tense after the classes than before, whereas previously she had always found ordinary social dancing exhausting.

She could not be present after the sixth meeting, because she resumed regular employment. It is interesting to note that at this time she also left the family home to live at the "Y," where she began to engage in more social activity than ever before. It is of course impossible to say at this time whether the dance group played any role in these developments.

Movement of the Group as a Whole

Dance therapy, as one of the children of group therapy, must always give due credit to the parent discipline, for there is no doubt that many of its gains are the result of the powerful effects of group interaction. This study began with a number of strikingly isolated individuals, as was shown in the earliest sessions by the way in which they carefully spaced themselves separately around a large room while waiting for the activity to commence. As time went on, there was a dramatic moving together, until near the end it was rare to see an individual waiting by himself. This same movement toward true group interaction was demonstrated in the refreshment-discussion meetings which followed the dancing, as one by one the members proved able to bring up and share some of their more personal problems.

However, it seemed that the dance element added certain special values above and beyond simple group relationship. A most important observation was that without exception all of these patients had been approached to join a group therapy project which was contemplated at about the same time, and yet none would cooperate by attending such sessions. Apparently threatened by the idea of meeting just for the purpose of discussing themselves, they gladly traveled (in a number of instances) great distances to participate in an activity that offered a pronounced element of pleasure. Through this pleasurable activity it was seen that the patients moved well on the road toward a true dynamic group therapy situation.

Illustrating the writers' contention that the dance offers the satisfaction of some very basic drives, all of the patients stressed repeatedly the enjoyment they experienced. They looked forward to the meetings because they were "fun." A number of the more assertive members who had previously expressed doubt or amuse-

ment at the idea of interpretive or ballet dancing, began freely to request training in these areas as they became more confident. The writers' interpretation of this was that in these individuals there was a gradual liberation of a strong urge to express themselves more freely in bodily movement.

It is interesting to note that most of the members of the dance group had expressed at one time or another the idea that they wanted to dance but were afraid to try, or else felt that they could not enjoy, the activity among "normal" people. On the other hand, they were markedly reassured by the knowledge that here they would be among others like themselves, people who had also suffered emotional illnesses. Thus, they were motivated to enter group activity by this opportunity to enjoy the very practical advantage of learning social dancing, and acquiring assurance in it, in the most comfortable kind of setting.

The anticipation of improvement in physical co-ordination and poise was more than realized. Beginning as a collection of clumsy, clearly-isolated individuals who bumped into one another constantly during their exercises, the group showed rapid change, until by the fourth session they performed most of the steps (even some rather intricate ones) in perfect unison, and gracefully. By the end of the reported period, they were observed to dance in couples to music with better form than average couples on an average dance floor. Shirley, in particular, showed a definite and marked improvement in posture and physical grace.

The group dance situation seemed to afford exceptionally well a means for the patients to express their dependency needs. It was with marked diligence that they observed the instructor, carefully imitating his movements. The shyest of individuals were seen asking freely for special assistance with their technical difficulties. The tendency to glance back to the parent-figures for encouragement was demonstrated most openly by Bruce. An opposite drive, that toward self-assertion, was also illustrated in the frequency with which the patients would actively assist one another in the mastery of a certain step; and the woman just as often as the man would take the initiative in this respect. Thus were these needs permitted expression in a socially accepted situation.

The patients demonstrated, as well as frequently verbalized, the fact that they gained not only in physical poise but also in self-confidence. A number of them carried over their increased ability

to socialize into their total life pattern, in addition to the outside activities planned and executed with one another. Lawrence began to resume social contacts he had previously been too shy to attempt; Beatrice went to live at a "Y" and there enlarged her sphere of social interest; Jim stated that he employed to advantage in his current job-hunting the techniques for greater relaxation he had learned.

Summary

Beginning with the premise that the dance echoes and fulfills certain basic human needs and therefore can be used to advantage as an aid to the psychotherapy of emotionally disturbed individuals, the writers have presented the results of an experiment in dance therapy. Taking a group of schizophrenics who were more or less in a state of remission, they found that although these patients resisted the idea of group therapy *per se,* they achieved, through this pleasurable activity, the beginnings of a dynamic group therapy situation. They showed a capacity to benefit distinctly from training in techniques designed to further relaxation, to improve physical co-ordination, and to stimulate self-expression.

It must be strongly emphasized that this study covers a very brief period, and therefore can be considered only the beginnings of a research in this therapeutic medium. The writers are convinced that more intensive and prolonged therapy of this type will prove invaluable in psychoneurotic as well as psychotic illnesses, and that there is practically no limit to the depth in which it can be applied psychodynamically. It is their hope that other groups too will be stimulated to carry on such research.

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SPONTANEOUS NEUROTIC CLIQUE FORMATION IN UNIVERSITY STUDENTS

BY BRYANT WEDGE, M. D., REX PITTENGER, M. D., AND ROY WHITMAN, M. D.

This paper describes the writers' observations of the spontaneous formation of cliques of neurotic students in a university. The term, clique, conveys the outstanding qualities of these groups. They consist of a limited number of members, are tightly cohesive, and tend to endure for long periods. The university has been a particularly favorable setting for the observation of this phenomenon. Each member of both cliques to be described has been a psychiatric patient. Each was seen by a different psychiatrist for at least 30 hours, with the exception of one who was seen for eight hours. Further knowledge has been gained from psychiatric treatment of several students who had personal contact with the clique members. Many chance social observations have also been possible on the campus. As psychotherapy progressed, the importance of clique membership for the psychological structure of the individual became clear.

The first clique to be described was composed of three women students who had shared living quarters for one and one-half years at the time of this study. They resembled each other in many respects. All had mannish hair styles and were prone to wear slacks. They assumed a superior air toward others and pretended great sophistication.

Garnet, the first to visit a psychiatrist, was a slim, boyish girl of 21 who complained that she had periods of depression with thoughts of suicide. This symptomatology was accompanied by amenorrhea. She came from a well-to-do family. Her broker-father was a man of rigid standards who maintained great distance from his children. Her mother, a retiring person who bowed to the husband in everything, had taught Garnet that it is women's burden to submit. Garnet was the youngest child. She felt inadequate in relation to her older sister and was jealous of her artistic accomplishments. She envied her brother, three years older, and felt no grief when he was killed in an accident when she was 17. She welcomed her father's subsequent pronouncement; "Now *you* must be my son." Completely uneasy with her own social class,

she felt equal and accepted in this clique. She still continued to have moods of depression and to swing from excessive eating to ascetic diets.

Ruby, 27 years old, came for help four months after Garnet had begun treatment. She complained that she had nightmares and feared that some man might enter her room at night. She experienced gnawing abdominal pain when tense, and a physician had suspected peptic ulcer. A short, intense, active person, she was the oldest girl among seven surviving children. Her father, an immigrant laborer and a man of violent passions who had beaten the mother and children often, had died a few years before. Ruby's mother was excessively dependent and clinging and "was always having more babies." The mother openly favored Ruby's two older brothers but still depended on Ruby for money and decisions. At 21, Ruby had joined the Waves to escape her family burdens and subsequently came to the university. There she avoided masculine men and, like the others in the group, developed relationships with a series of extremely weak and effeminate males.

Opal, 22, came to the clinic six months after Ruby was seen—with vague complaints that she felt she was immature in her relationships, could love only married men, and feared she was homosexual. A somewhat stocky girl, she was more easy-going and appeared less unconventional than the others. Her main pleasure seemed to be in eating, and her dreams often concerned food. Opal's mother had died suddenly when she was seven, and she had moved into her father's bedroom, where she continued to sleep until she was 11. Her father was a gregarious salesman who gave his daughters only cursory attention, for which she and her sister, three years older, competed bitterly. After the sister married, Opal began an openly-flaunted sexual relationship with a man who said that he was bisexual.

These three girls met in a dormitory where each of them was at first unable to sustain relations with any of several roommates; in fact, Ruby and Opal, and later Garnet and Ruby, had roomed together for a time until interpersonal tensions arose. Finally, at the beginning of the third year at the university, the three moved into an apartment together, and for the first time for any of them, they became able to sustain a relatively stable relationship. There they surrounded themselves with a series of depreciated men. Other girls who tried to enter the group were quickly repulsed.

They often discussed their most intimate experiences, including those of psychotherapy, with each other. At times they would join in a concerted action which served to exhibit their solidarity and freedom from convention. For example, they went together to their commencement exercises in cap and gown, riding on bicycles, "coattails" flying. After they had left the university, they continued to live together for some time in spite of considerable practical difficulties.

A review of the psychiatric material suggests that each of these girls had been deprived of adequate gratification in early life and that consequently, they sought from their clique a sense of belonging to a sort of family group. At the same time, they were unable to tolerate the dangers of concentrating their needs in a one-to-one relationship. The intense hostility toward their siblings which each had experienced was denied by their banding together. As a group they could show their independence by defying the conventions of society. The immature and pseudo-genital sexual activity, in which they engaged, served to deny their homosexual attachment to each other. Their choice of passive men offered no threat to this relationship. For the most part, Ruby and Garnet took aggressive and masculine roles toward Opal, from whom they received "mothering," and who in turn enjoyed a dependent position in relation to them which she could not accept from a man. The writers will return to the more general functions of this clique in their later formulation.

The second clique consisted of three young men who met at every opportunity, often in bars. They dated together when possible and enjoyed communicating in sly innuendoes which their girls could not understand. They delighted in talking to each other of their exploits with women. They sometimes divided their money equally, and felt that they were duty bound to support each other emotionally in times of trouble.

Henry, 19 years old, still lived with his father whom he feared. His mother had died when he was seven, and he only remembered that he could not feel close to her. He had little to do with his much older sister but could remember the beatings which she got from the father for going with boys. Henry said that he had been irritable and depressed for two years and told of his hostile and destructive behavior when drinking. Unsure of his own sexual role, he was suspicious of the intentions of other men toward him.

Donald came to a psychiatrist at 22 years of age, complaining that he could not get along with people in authority and expressing envy of Henry's relation with a therapist. He had been hospitalized briefly a year and a half before with a loosely-knit paranoid reaction to a homosexual relationship and had made a rapid social recovery. His mother had died when he was six, and he complained that although his father, a kindly man, expected much of him, he failed to understand him. Donald consistently misidentified Henry with his own younger brother. For a brief time a year before, he had roomed with Henry but was evicted from this room by the landlord because he openly brought women there at night.

Richard at 21 described night terrors and death-like trances which had begun when he saw a dead enemy soldier. He was afraid he was becoming alcoholic. One of his chief reasons for seeking treatment was that both of his friends were being treated. Richard was the only son in his family and his mother's favorite. He had considerable conscious hatred for his father. He had always tried to avoid becoming close to his two sisters. In his relations with girls, he took pleasure in hurting them with cruel practical jokes. He believed he was not homosexual but suspected that many of his acquaintances were.

Each of these men described the other members of their clique as their "only real friends." One remarked: "No matter what I said to the others, there would be no judging," while another said, "We all seem to have the same outlook and thought that the masses of people were rather stupid." Each was concerned with homosexuality but felt safe from this danger with the other members of the group. Each had gotten into difficulty upon becoming close to one of the others but together they found a kind of security in the checks and balances of their interaction. Their drinking together reflected their homosexual trends, while these were denied by their open sexual activities with girls. Hostility toward each other was not expressed but rather defended against, by identification and by displacement outside the clique, acted out in destructive brawls with bar companions.

So far as the writers can find, little has been reported in the psychiatric literature on groups of this type. Some writers on multiple psychosis (*folie à deux*) have stressed the relation between personality structure and group formation.[1] Group psychother-

apists have not reported on *spontaneous* group formation except to note the differences between these groups and therapeutic groups.[2] Sociologists have written extensively about group formation but have not investigated individual internal dynamic forces to any extent.

The writers are ready to suggest, from study of these and other cliques, that membership in such a group serves the individual essentially as a complex defense against anxieties arising from a variety of sources. An important mechanism which seems to be utilized in clique formation is that of mutual identification. Although some degree of this is fundamental to the process of socialization in everyone, it is carried to an extreme degree in the neurotic clique, as exemplified in the members' similarity in attitudes toward the outer world and themselves, modes of expression, and even manner of dress. The process of mutual identification serves many functions. In the writers' patients it seems to have originated as a means of dealing with earlier conflicts within their families. By replacing the authority of parents with that of the group and identifying with the other members, conflict with authority is diminished. At the same time, identification serves in controlling the hostility originally directed toward parents and siblings and replaces it with empathy.

Another important aspect is that of mutual dependence. The clique allows its members to regress in an acceptable fashion to an infantile dependent position as a compensation for their marked insecurity in the adult world. Simultaneously, denial of this is effected by dependence on the group rather than on an individual.

The hallmark of the clique is the inability of its members to risk attachments to single individuals. These persons are unable to tolerate close interpersonal relations and such relationships result in anxiety to the point of panic. This was seen in the anxiety symptoms which occurred in every subject of this study in such situations. The clique serves to dilute attachments by the multiplicity of relations. In this regard, one may recall the experience of polar explorers who have empirically discovered that two men cannot be safely isolated together without risk of serious disturbances arising (Byrd). This finding may have implications for the "Buddy System" sometimes used by the military, perhaps suggesting that these artificial groups might better be composed of three or more members. It appears that the clique allows both for

the expression of needs through channels made permissible by the group, and the control of impulses through a variety of sanctions developed by the group.

In essence, clique formation among neurotics represents a defense of considerable effectiveness. In treatment, as the writers' have found, this type of defense becomes a particularly difficult kind of resistance to progress, serving as a potent and somewhat hidden means for combatting the experience of therapy and satisfying needs without recognizing them. The writers have found that for psychotherapy to be successful, clique membership must be treated as a resistance, by uncovering and interpreting its use as such at appropriate points. However, too active attempts to dissolve group membership may result in severe anxiety and withdrawal from therapy.

The writers have described the phenomenon of clique formation among neurotic students and suggested some of the dynamic processes which seem to be involved. They suggest that the clique functions as a means of defense against anxiety aroused in unsatisfactory interpersonal relations. More attention should be paid to the study of the internal dynamic functions of cliques and other forms of social relations.

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THE BICENTENNIAL OF THE PENNSYLVANIA HOSPITAL IN PHILADELPHIA

BY CLIFFORD B. FARR, M. D.

When an outstanding American institution for the treatment of mental disorder completes its second century, a review of its history and achievements may be appropriate.

In May 1751, "An Act to encourage the establishment of an Hospital for the Relief of the Sick Poor of this Province [Pennsylvania and the Counties on the Delaware] and for the Reception and Cure of Lunaticks" was passed by the colonial assembly and approved by the governor. A conditional monetary grant was promptly matched by "The Contributors to the Pennsylvania Hospital" (corporate title of the institution). Since that time the hospital has, in the main, been supported by voluntary subscriptions, by legacies, and by patients' fees. It was the first semi-private, endowed hospital in the English-speaking colonies of North America, as well as the first to admit strangers and residents, irrespective of means, in need of its care. The *indigent* of all types had been and continued to be treated (in Philadelphia as elsewhere) in the Alms or "Bettering" House, fruitful parent of a variety of subsequent municipal institutions, including general and mental hospitals. The treatment of medical and mental cases under the same roof was copied by other hospitals, e. g., by the New York Hospital a score of years later. Generally abandoned in the first half of the nineteenth century, this plan has recently been advantageously revived for certain types of patients, at Detroit and elsewhere.

Within nine months of its formal foundation the hospital was opened in temporary quarters, and by 1756 a wing of the permanent building was completed and occupied. Because the Revolutionary War intervened, fully adequate quarters for mental cases were wanting for some 40 years. Eventually, some 125 beds were made available. However, this type of case constituted from one-third to one-half of the total patients from the very beginning. Later (1788) Benjamin Rush told a French visitor* that "the hospital was founded at a time when little attention was thought necessary for the accommodation of fools." The building as a whole, substantially unchanged, and in full use, still stands as a fine ex-

*De Warville, J. P. B.: Travels in the U. S. A. in 1788. Bumstead. Boston. 1797.

ample of Georgian architecture, a fit companion for the contemporary Independence Hall. The adequacy of the space devoted to psychiatric cases before 1841 is evidenced by the fact that it has recently been adapted for private patients, having served for medical and surgical wards in the interval. The original hospital ("Eighth and Spruce") occupies a full "square" of Penn's checkerboard city plan, but, for a half century, it stood in almost rural surroundings, at some distance from the town with its 20,000 inhabitants.

Eventually the hospital was hemmed in by the city, so in 1841 the mental patients were transferred to a separate hospital on a 100-acre farm in Blockley Township, across the Schuylkill. There the patients could carry on outdoor occupations, farming, gardening, etc; or indulge in open-air recreations, walking, riding, driving, games; or, according to the fashion of the times, sit in one of the many summer houses and view the rural scene, which included a mill and a millpond. But alas! In another 90 years the city had intruded on this pleasing prospect. Meanwhile, in 1859, a separate department for men had been erected, a move universally approved in the Victorian era, but reversed in 1930. At this latter date, further flight from the "madding crowd" was abandoned, and a new "open" hospital unit (The Institute) was inaugurated for the reception of people with all sorts of personality problems; and, to supplement this, a clinic for the ambulatory care of similar cases. Recently a children's unit has been added. The staff, most of whom have their offices in the building, now numbers more than 40, exclusive of fellows; and four of these hold major psychiatric or neurological chairs in as many medical schools. A fifth school has also been represented from time to time.

The hospitals under the management of the "Contributors" have been closely associated with clinical teaching since the foundation of the first medical school (University of Pennsylvania). Indeed, they had almost a monopoly for a half-century or more until the Philadelphia General and special teaching hospitals shared the work. In consequence, most of Philadelphia's eminent physicians of the period were in one way or another associated with the hospitals as students, interns or members of the staff. Directly or indirectly, the hospitals are still an important link in undergraduate teaching, especially in psychiatry. However, more and more

stress is being laid on graduate teaching, both in the general medical field and in the training of psychiatrists.

It is tempting to dilate on the achievements of the many famous physicians who have been associated with the hospital, but there can be only brief mention* of a few who have influenced the development of psychiatry. Benjamin Rush, as a medical apprentice, was familiar with the medical and psychiatric wards within 10 years of the time the earliest wing was finished. At that time it was approved practice to control violent patients with the whip or fetters, or to allow the curious to amuse themselves with the bizarre behavior of the patients, but in general these patients merely suffered "creature" discomforts (cold and dampness) like most of their fellow citizens. In later years, Rush was to abolish these abuses and to provide heat, privacy, outdoor exercise, etc. After he returned from Edinburgh with his medical degree, and assumed the chair of chemistry in the new medical school (1769), he probably had some contacts with the hospital, while for the last 30 years of his life he was a senior physician on the staff and lectured on medicine to the medical students. In the intervening two decades, or more, he had been wrapped up in Revolutionary War politics, in army service, and in an arduous private practice. His lectures to the students (many of whose notes are still extant) devoted a relatively very large space to psychology and psychiatry, later embodied in his famous book published in 1812, the year before his death. At the same time, he had devoted much attention to improving the treatment of the mental cases under his care, including most of the procedures carried into full effect by Thomas S. Kirkbride and the others of the "13 Founders" of the Association of Medical Superintendents of American Institutions for the Insane in the 1840's.

Rush only regretted that space was lacking for the open-air occupations which he advocated. De Warville** was "charmed with the cleanliness in the halls of the sick as well as in the particular chambers." Of the lunatics he says: "These unhappy persons are treated with the greatest tenderness; they are allowed to walk in the court; are constantly visited by two physicians . . . What a difference between this treatment and the atrocious regulations to

*See memorial volumes issued in 1944, by the American Psychiatric Association and the *American Journal of Psychiatry*, respectively.

**Op. cit.

which we condemn such wretches in France! where they are rigorously confined and their disorders scarcely ever fail to increase upon them." Even in the Bettering House, De Warville found excellent hygienic conditions and a most friendly and considerate attitude toward the patients, whether white or black. This humane treatment he attributed to Quaker influence. Thus, many of the reforms introduced by Pinel and Tuke in France and England in the next decade were already in effect in Philadelphia.

Nearly 30 years after Rush's death Dr. Kirkbride in his new hospital (1841-83) was able to carry out all his predecessor's ideas and to add many of his own, as described in Dr. Earl D. Bond's recent biography.[1] As a member of the new "association" (1844) he paid special attention to the construction and administration of hospitals for the insane, and his basic "linear" plan was followed closely by some 30 state hospitals in that first great building era. Dr. Kirkbride's first assistant became the medical superintendent of Pennsylvania's first state hospital (Harrisburg).

His successor (Dr. John B. Chapin) faithfully carried out Dr. Kirkbride's methods for nearly 30 years, and developed still further the scope of physical therapy. It is said that for more than 60 years hardly a night had passed without some instructive lecture (illustrated with lantern slides) or some musical or dramatic entertainment. In 1885 a "clinic for the gratuitous treatment of persons suffering with incipient mental disease," was opened at the old hospital and is still active. Following World War I, under Dr. Strecker's direction, it played an active part in child psychiatry, a function now fulfilled by the child guidance clinic.

About 40 years ago (under Dr. Owen Copp) the department for mental and nervous diseases began to emphasize more detailed clinical and pathological investigation and more complete records. Coincidentally acute, curable (including voluntary) cases showed a rapid relative increase, as compared with custodial cases. Clinical and laboratory research, and the investigation and trial of the many new therapies which successively came into vogue occupied the center of attention. Trained nurses, male and female, replaced attendants, and professional workers took over occupational and physiotherapy, gymnastics, music, etc. In 1930, under the aegis of Dr. Bond (ably seconded by Drs. Edward A. Strecker, Kenneth E. Appel, Harold D. Palmer and Lauren H. Smith), present physi-

cian-in-chief and administrator, an entirely new institute, separate from the mental department, was inaugurated as an open hospital, as already mentioned.

For some years a special section for the treatment of behavior disorders following encephalitis lethargica was included. Laboratory research has recently centered on electrophysiology. Meanwhile, close ties were formed with the University of Pennsylvania for the extension of psychiatric teaching, both of graduate and undergraduate students. Informal ties were also formed with other medical schools, while the institute and the department for mental and nervous diseases with government aid, and the aid of various foundations, carried out advanced studies in psychiatry for an average of 20 fellows.

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EVALUATION OF WARD OCCUPATIONAL THERAPY WITH REGRESSED PATIENTS

BY G. T. NICOLAOU, M. D.

The fact that occupational therapy is an integral part of modern therapeutic concepts in mental institutions, is well established and needs no further elaboration. Unfortunately, however, there is a general tendency to limit this approach to the more alert and co-operative patients and to carry out the program in occupational therapy centers and shops. This not only limits the number of patients that can be reached, but by necessity, eliminates the regressed, untidy and disturbed patients from participating. Obviously, it is just these patients who need some form of contact most, for neglect not only tends to perpetuate regression but may lead to ultimate deterioration. If, however, occupational therapy is carried on in the ward, these patients can be reached, with appreciable constructive changes.

In recent years, there has been an increasing interest in ward occupational therapy with regressed patients, with the result that many favorable reports have been published. It is not the writer's purpose to review the literature on this subject but to describe just such a program, carried on at Rockland (N. Y.) State Hospital in one of the continuous treatment services and to report some of the subjective and objective results.

The service under consideration is classified as regressed and semi-disturbed. It consists of 480 male patients, most of whom are suffering from long-standing psychoses. The program is carried out with the help of two occupational therapy instructors and the ward personnel. Complete co-operation between the instructors and attendants is an absolute necessity for success, because the instructors, working alone, cannot reach an adequate number of patients. Each ward charge is responsible for the program on his own ward. The instructors act in a supervisory capacity, giving aid to both the attendants and individual patients, as well as conducting classes in higher-grade activities. These classes act as stepping-stones for promotion to regular occupational therapy shops and industrial departments. This arrangement lends itself to a general movement toward progressive levels of activity. Because of the type of patients, the activities vary from low-grade projects to intricate rug-weaving, wood-work and oil painting.

The ward occupational therapy program started in the spring of 1949 but did not assume significant momentum until the fall of the same year. At the present time the daily attendance averages 200 and the treatment period varies from two to four hours a day, five days a week. Since the program has been in existence for a reasonable length of time, it has been considered feasible to evaluate statistically any changes which may have occurred.

As mentioned, the program assumed significant momentum in the fall of 1949; therefore, the 18-month period starting October 1949 and ending March 1951 was compared to an equivalent period starting April 1948 and ending September 1949. Since there was no major change, aside from the ward occupational therapy, during these two periods, the latter was considered an adequate control for statistical comparison. Because of the nature of the service, the factors which are most accessible to statistical evaluation, and, at the same time, valuable in indicating constructive change, are as follows: (1) Incidence of injuries, including those occurring accidentally, self-inflicted and as results of altercations; (2) destruction of clothing and linen; (3) total number of restraints.

During the control period, there was a total of 433 injuries, in all categories; 8,302 restraints, and 3,643 articles of clothing and linen destroyed. On the other hand, from October 1949 through March 1951, there were 333 injuries, 1,314 restraints and 2,551 articles of clothing and linen destroyed. This represents a 23 per cent reduction in injuries, an 84 per cent reduction in restraints and a 30 per cent reduction in clothing and linen destruction.

Aside from the statistical observations, there are many manifestations of improvement in the service, which can only be subjectively evaluated. These fall into two general categories: (1) changing attitudes of the patients; and (2) changing attitudes of the personnel.

In regard to the patients' attitudes the improvement has manifested itself in many ways. As a group, they have become more alert and interested in their environment. They take greater pride in their personal appearance and hygiene. Whereas before, to keep clothes on many of these patients was next to impossible, at the present time, this is no longer a problem. There is also a greater interest in entertainment such as movies, dances and parties. The fact that the ward attendants work with the patients during the occupational therapy periods, develops a feeling of co-operative

activity. This, in itself, makes for healthier interpersonal relationships, resulting in a general improvement in the attitudes of the patients toward the ward personnel. The sum total of these factors has resulted in a better hospital adjustment of the group, as a whole.

The evolution of a more wholesome attitude among the ward personnel, as a result of this program, is not to be overlooked, as it bears many significant implications. The most important of these changes is that the attendants are more appreciative of their patients as human beings who need care and personal attention. They take pride and personal interest in their patients' welfare and appearance. The co-operative activity, which the program encourages, has resulted in a better understanding of the patients' individual needs and problems and has developed a greater tolerance toward their behavior. Furthermore, since the personnel are now an integral part of the therapeutic team, they realize that they have a very specific function in the hospital. Thus, they take greater pride in their work and can see that they have specific goals for which to work. Last, but not least, the program has gradually resolved the attitude carried over from older days by many employees, that custodial care is the public mental hospital goal. Their custodial care notions have given way to an attitude of integrated active treatment. These changes in the personnel are undoubtedly reflected in the patients' adjustment and vice versa.

Summary and Conclusions

1. Ward occupational therapy with regressed and disturbed patients is not only feasible but has therapeutic value.

2. During the 18-month period, in which the ward occupational therapy program has been in existence, injuries have been reduced by 23 per cent, clothing and linen destruction by 30 per cent, and restraints by 84 per cent.

3. The use of ward personnel, in conjunction with occupational therapy instructors, has resulted in a more efficient and economical program and brought about many significant changes in both patients and personnel.

4. Occupational therapy in itself is not specific in bringing about constructive changes, but rather is a valuable method for

offering the patient opportunities to enjoy emotionally-satisfying experiences through co-operative activity and friendly relationships.

5. For the regressed, self-absorbed patient, even though he may be occupied with low-grade activities, this approach offers a non-threatening reality, which tends to minimize autistic preoccupation. This, combined with a friendly, co-operative interpersonal relationship, certainly makes for a positive therapeutic approach.

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MIXED GROUPS IN RECREATION*

BY RUSSELL FINEGAN AND KENNETH FINEGAN

In dealing with mixed groups in mental hospital recreation, one must keep in mind the basic objective in readjustment endeavors with mental patients. This objective is restoration of function already learned, but, because of some personality change through mental illness, lost to consciousness. One aims, in treatment of illness, at the removal of the cause. The best help in readjustment of a patient is the use of parts or functions that will work, so as to give the most normal setting for what needs readjustment. The mixed type of recreation offers that normal setting. This paper reports on work with mixed groups in recreation therapy at Marcy and Utica State Hospitals, institutions situated a few miles apart in central New York State.

Daily recreation therapy is now administered to such a mixed group at Marcy. The members had recreation therapy benefits in the past but until recently were treated in separate men's and women's groups. The male patients were taken to their specific activity and the women to theirs. Combination in a single group has brought encouraging results and definite benefits. Mingling of the sexes is natural in our society, and the hypersexual tendencies in these patients' groups are soon counteracted. Through this particular type of recreation, rehabilitation seems to be speeded up. The patients in this group were, not too long ago, members of society, leading normal lives; and, only by doing normal things again, will they readjust to a normal way of living. By men and women playing together, or even talking together, these people will hasten their return to society. Their troubles are minimized during the activity offered. The introvert mingles with the extrovert, and individual differences are counteracted.

Through mixed recreation, the daily hospital routine of segregation is halted temporarily. The patients find themselves in the company of the opposite sex. Under these normal conditions they are more willing to participate in activities, and the class flourishes. The "sitters" are in the minority; the majority eagerly join in.

*Presented at the recreation conference of the New York State Department of Mental Hygiene at Creedmoor State Hospital, Queens Village, N. Y., April 13, 1950.

All have experienced the satisfaction gained when the class conducted is a good one. The mixed group gives that satisfaction. Enthusiasm in each activity is the instructor's reward for effort. And after a few weeks, the patients take part to such a degree that a class requires little supervision. No urging of individuals to take part is necessary.

The Schedule at Marcy

The weekly schedule for the Marcy mixed group necessitates a varied program. The same patients attend classes one and one-half hours a day, Monday through Friday; and their interest would soon lag if a diversified program were not offered. Variety is an important stimulant, especially with mental patients. One should constantly strive to wean the psychotic away from the subjective state in which the objective world is not allowed sufficient entrance to establish the correct perspective and understanding of reality. The recreation instructor's effectiveness depends to a large extent upon resourcefulness in discovering distinctive and varied interests, motivations and capacities in the individual. Consistency in variety has also proved helpful. In other words, if one has chosen a particular activity for Monday, this activity should be offered every Monday. The patients enjoy an activity more if they can anticipate it. If they expect bowling on Tuesday, they are disappointed if some other activity is substituted.

Competition also stimulates interest. Wherever possible, one tries to get patients to exercise the competitive spirit. The will to win is often stimulant enough to make a game successful.

The following five-day schedule is now being followed. On Mondays, the mixed group bowls in the large bowling alleys; this is one of the most enjoyable forms of recreation. There are four bowling alleys at Marcy; and, with 50 to 60 patients using them, there was a problem. It soon worked out to everyone's advantage, for the older members of the group gained by watching the younger ones bowl. Two games are rolled each Monday—12 men and 12 women bowl the first game and the remaining ones substitute in the second one. In this way, all who wish to bowl may do so. There is an attempt to keep, as far as possible, the same men and women on the same team each week. This gives team spirit, and some degree of competition is experienced.

On Tuesdays, the same group meets in the amusement hall or gymnasium. A "do what you wish" program is held on this day. Basketball is played by both men and women. Some dance, others listen to the victrola, or play the piano and sing. This diversified form of recreation is enjoyed. It has been found that, because of the limited supervision on Tuesdays, the backward or timid patient seems more willing to take part. Many of the "sitters" have surprised the instructor by getting up and joining one group or another. Tuesday's activities have done much toward bringing the patients close together.

On Wednesday, the group is again in the hall, this time for dancing. Round and square dances are offered. A part of each Wednesday is donated to instruction. Few know the square dance; and others have a good time learning. These Wednesday dance periods have also proved valuable to the shy patients. These particular patients were hesitant about the opposite sex, but in time overcame this. Few danced at first, but now almost 100 per cent cooperation is common. These dance periods should have much of the credit for the success of this whole recreation program.

Thursday is movie day for the group. They again go to the hall to see 16 mm. movies. Care is taken to see that no specific segregation is practised. The patients were very careful to split into male and female groups at first, but efforts have been made to discourage this. This type of recreation has brought about a small group that is together constantly. The same patients watch the movies together. These movies have done much for the effort to readjust these patients. There is nothing more normal than sitting in a movie with one of the opposite sex. The movies are, consequently, looked forward to from week to week.

Friday is game room day. This activity is probably enjoyed as much as any other function. The game room is large enough to keep such a group busy and interested. The room consists of a pool table, a billiard table, two ping-pong tables, two two-way bowling alleys, a standard shuffleboard and several card tables, where checkers and other table games are played. This room is used but once a week by this group, and its diversified activities help the program.

The large group is broken up into small groups on Fridays; each group plays a different game under the supervision of the instructors. There is an attempt to change the groups around from week

to week to give all a choice of the different games. The idea of mixing the sexes is always in the back of the instructors' minds and also practised in the game room. The group is mixed as much as possible; 10 men and 10 women bowl, and an evenly-divided group plays shuffleboard. The men compete against the women in ping-pong and the women have been encouraged to play pool and billiards.

The small bowling alleys contribute much to the idea of mingling the sexes. Good, friendly competition is found here. Good teams composed of the opposite sexes have been formed and they really exert themselves to win.

Summer Program

The summer program is held during the same hours as the winter program, five days a week. During the warm weather, the group participates in games on the athletic field; weather permitting. In case of bad weather, the group goes to the gym or game room. Softball, baseball, croquet, tennis, outdoor basketball, outdoor shuffleboard, and horseshoe pitching give ample recreation.

Other activities are also enjoyed by the group, both men and women, as participants and spectators. The recreation departments list the following events; bowling, basketball, softball, entertainments and talents, dances, band concerts and quiz programs.

Utica Activities

The activities at Utica State Hospital closely resemble those at Marcy. The bowling league is popular with the mixed groups at Utica. This hospital has four alleys and could use many more. Four more are planned, in fact, for the near future. Six patients use one alley, so 24 are bowling most of the time. In mixed groups, men and women patients sit together, talking and smoking, as they no doubt did many times back home before hospitalization. Bowling at Utica started last October and was open bowling for a month; that is, there was no league competition. During this month, patients were observed for selection to compete in a patients' bowling league. Both men and women tried very hard to qualify, since qualification meant an extra recreation day in the alley and a chance to win prizes offered for outstanding league competitors. During the first month, all names and scores were recorded; and, by November, the patients were selected to participate in the league.

In the actual bowling league, there are 24 women and 24 men, divided into two teams, the "Wildcats" and the "Hellcats." There is league play two afternoons a week; and, each week, all names of competitors are placed on the alley bulletin board, along with team standings, individual averages, high 10's, etc. These standings are recorded on standard A. B. C. bowling forms furnished by the bowling association at the hospital. Prizes are given monthly. At the end of the bowling season a banquet is planned for all league bowlers. At this affair various prizes are awarded for outstanding bowlers; there is outside entertainment; a few medical staff members come in to say a few words. During the Christmas holidays, the bowling league was taken on a sleighride as a reward for cooperation during the year.

Other days in the Utica bowling alleys are spent with admission patients and other patients not good enough bowlers for the league. The turnover of admission patients is usually too rapid for any of them to compete in the league; and, therefore, they have their own bowling day. The admission groups are especially benefited by mixed group recreation, as these patients have just been admitted to the hospital and this activity tends to give a more natural contact. Extramural bowling is something both men and women look forward to a great deal. During the regular bowling season, there are home and home contests between the Marcy and Utica hospitals. The competitors, naturally, must be limited to a select few because of transportation facilities. The Utica bowlers who make the trip to Marcy are chosen according to their averages. At these affairs, three games are rolled, time permitting, and prizes are given—for example, for high 10, high 30, and winning teams. The mixed groups enjoy these affairs immensely, since it gives them a chance to get away from their own hospitals and mingle with people other than those on their own wards.

Basketball is another sport that both men and women enjoy at Utica. The Utica mixed groups are spectators here, rather than actual participants. Once a week, games are held for the benefit of the patients and are attended by both men and women. There is an employees' hospital basketball league, with games on Thursday nights, called the "Tri-Hospital League." Utica and Marcy State Hospitals, Rome State School, and five other area teams compete. The league is increasing in popularity and its games are on a par with the hospital dances, as measured by patients' in-

terest. The players on the hospital teams must be bona fide employees, and this stimulates interest from the patients, as most of their own team's players are known by them all. At the games, records are played during the half-time, and the patients are allowed to dance. The general response is amazing, and applause fairly shakes the building when the patients' favorites score a basket.

Softball, in comparison to basketball, finds more actual patient-participation, as far as mixed groups are concerned. During the summer, the Utica teams travel to Rome State School and to Marcy many times. There are both men's and women's softball teams. In forming a team, the men and women patients are usually allowed to practice together. The men usually take the field, and the women take turns at bat. When Utica patients travel to Marcy or Rome for a men's softball game, there is an effort to take along as many women as possible. The men usually play far better ball with women observing. The procedure is reversed with the women's games. Transportation problems naturally curtail possible activities a great deal.

It is now planned to have play days soon at the neighboring institutions. That is, a mixed group of Utica patients may be taken to Marcy early in the morning for a full day. After the morning program, the visitors will have lunch at the host hospital; and, after lunch, there will be an afternoon program. During the winter months, interhospital bowling matches will be held in the morning, with activities in the gymnasium after lunch. By having basketball games, running relays, etc., both men and women from one group will be able to participate. During the summer, of course, all activities for such a play day will be on the athletic field. The morning program will consist of dashes, relay races, croquet matches, horseshoe tournaments, etc. During the afternoon, the program will be centered around a softball game. Points will be given to each activity according to its importance; and the total points will determine the day's winner. Play day will terminate at approximately 3:30 p. m. to give the visiting patients ample time to return to their own institutions for supper.

Entertainments, of course, are held during the evenings as well as in the afternoons. Patients are both participants and spectators; but much of the evening entertainment is dependent upon outside entertainers. They come free of charge in most cases.

When shows are planned, the vicinity is canvassed for talent. When the patients themselves participate, there are, naturally, a number of rehearsals before the show, and the mixed groups enjoy being and working together. If possible, men and women patients perform together, in mixed choruses, duets, dances, etc. The patients like these mixed acts a great deal and enter into them with much more spirit than into solo acts, or male or female choruses.

Television shows, of course, are comparatively new in Central New York State. When television offers afternoon programs the patients naturally benefit a great deal more. During the World Series, a number of men and women watched the games. The recreation workers are looking forward to the day when this invention is as common as the radio, so all patients may enjoy it at all times.

Dances, of course, are about the most popular mixed-group function. A more natural state is reached by seating men and women together as much as possible. Refreshments are served at these dances and the men and women enjoy lunching together. There are the usual "social mixer" devices which put the patients at ease and help backward ones to make friends. "The Paul Jones," "Virginia Reel," and simple square dances have worked very well.

Band concerts are used extensively at both Marcy and Utica, as recreation therapy. During the summer, they are given outdoors. This, of course, is a two-fold benefit for the patients—entertainment and fresh air. The band is also used for the weekly bingo parties. Last winter the Marcy band entertained patients at Utica State Hospital.

Quiz programs are a type of entertainment introduced recently. Simple questions are asked, and few patients have trouble in answering them. Teams consist of men and women; and, of course, prizes are offered to the winning team.

General Benefits Observed

Any report of these activities should mention some of the more obvious changes in the patients since the recreation programs were inaugurated. Change of attitude is, of course, easily detected; and, in most cases, steady improvement has been shown. It is, of course, understood that these changes have occurred in psychotic or psychoneurotic individuals and, consequently, vary in

degrees of quality and intensity. Generally speaking, self-confidence challenges attitudes of fear, timidity and distrust; and, in this normal type of recreation, self-confidence is restored in the patient.

The patient's inhibitions and anti-social conduct have been forced into the background. Recreation should—and in most cases does—help defeat anti-social obsessions. Co-operation is sustained. The patient learns to relinquish some of his individuality.

Attitudes of extroversion—directing one's energy into external reality and away from self—are stressed and re-stressed during these mixed classes. Mingling with the opposite sex soon becomes natural; and the introvert soon is more at ease in this more normal way of living. The social attitude predominates under recreational guidance.

And finally, a problem should be noted that is found in any form of recreation therapy: One may become discouraged at first, but should not give up because of the patient's apparent lack of interest. Sometimes what seems to be a lack of interest may be fear of the first hurdle. It should be remembered that the task concerns both getting the patients to resort to those recreations which they previously have been fortunate enough to enjoy, and also in helping those not fortunate enough to have recreations to enjoy. The first rewards will not be very gratifying, but one should remember that recreation therapy is new for the instructor and for the patient—and will improve by leaps and bounds as the classes proceed.

One must remember that the patient has become disordered, not by a single act, but following difficulties extending, in many cases at least, over a period of years. It follows logically that beneficial effects will very often appear only after weeks or months of mental health work; sometimes the reconstruction-life must continue for years before lasting normal adjustment is effected.

Marcy State Hospital
Marcy, N. Y.
and
Utica State Hospital
Utica, N. Y.

RECREATION AND PHYSICAL EDUCATION AS AN AID IN PUBLIC RELATIONS BETWEEN THE HOSPITAL AND LOCAL COMMUNITY*

BY RUTH MACDONALD BALLIF

People in general are now well acquainted with the need for recreation and physical education programs in the treatment of the mentally ill. One knows the importance of recreational therapy as a device to aid in the recovery of such patients. Programs are needed to provoke responses of both active and passive characters, and, because of recreational therapy's inherent interest and natural motivating forces, a comparatively strong appeal to the therapeutic capacity of the psychotic patient may be attained.

It is almost impossible to succeed in such programs, financially or socially, alone. Public relations, here, play a significant role. This is a discussion of the public relations aspects of recreation activities at Creedmoor (N. Y.) State Hospital.

There is overlapping of public relations and public education. Through public relations, one can educate the public as to the aims and objectives of the hospital and enlighten the taxpayers as to their duty toward the hospitals.

Because recreation work is in the public eye, with track meets, field day, annual show, softball games, weekly dances, seasonal parties and picnics, movies, and Saturday baseball games, one can attract the attention of local clergymen and other widely-known citizens. They enjoy participating as judges for competitive events and willingly attend functions staged for the benefit of the patients. It is not the patient alone who feels a need to be wanted. All of us have desires to play important roles in our society, as either donor or recipient. In this case, the patients receive, while others give, time and services. The donors include the civic organizations; service organizations, such as the Rotary Club, the Lions, the Kiwanis; the patriotic and veterans' groups, such as the Veterans of Foreign Wars, the American Legion, the Jewish War Veterans and the Catholic War Veterans; sports editors of local papers; and local businessmen. Many of the interested organizations have broad programs, including some recreation, but with a strong emphasis on cultural and community service undertak-

*Presented at the recreation conference of the New York State Department of Mental Hygiene at Creedmoor State Hospital, Queens Village, N. Y., April 13, 1950.

ings. What is a better cause than to acquaint these organizations with the recreation aims of our hospitals!

All local clergymen have been found to be interested in any activity for which their help is requested. Besides aiding on field day and with the judging of costume affairs, they have requested copies of the Creedmoor monthly recreation programs, so that they may participate in other activities at their convenience.

The Gray Ladies and Red Cross are more than willing to help and be of service to the institutions, as witnessed by the program now in progress at Brooklyn State Hospital. They provide various forms of entertainments: concerts, radio programs, reading groups, evening parties and community singing.

At Creedmoor, approximately 20 veteran organizations have to apply months in advance to divide total patients' time of one afternoon a week. An attempt is made to arrange a program so that major organizations such as the V. F. W., the American Legion, the C. W. V. and the J. W. V., are represented each month. The organizations divide the time among their various posts, so that possibly 20 to 30 different posts have afternoons during the year. Because of their efforts, this weekly program is in effect through both winter and summer months.

One of Creedmoor's most valued veteran groups is the Jewish War Veterans, who initiated their association with the hospital by entertaining veteran patients only. Their program developed to include women patients at their parties, with gifts and new articles of clothing for them. More recently they have begun preparations for visiting "unvisited patients" weekly in the evening, adopting or sponsoring certain ones, and supplying clothing and refreshments for them. They thoughtfully gave a party on the last religious holiday for all the Jewish veterans and their friends, including specially prepared food.

Other reasons for gratitude to the veterans' organizations are numerous donations, including radios, pianos, magazines, games, clothing and costume jewelry; and recently, the Rockaway Beach Auxiliary of the Jewish War Veterans donated a juke box, three pin ball machines, and a bowling machine, with promise of more to come. Many of these items could not have been obtained otherwise, for the recreation funds allocation could not cover such luxuries.

Through the recreation department, the Rotary Club of Queens Village became interested in "unvisited patients," and now sponsors a Christmas party, distributing gifts to nearly 1,000 patients. This is in addition to spring and fall parties, plus a summer wienie roast out at the picnic grove.

In the Winter Edition of the *Creedmoorian,* a publication put out by the occupational therapy department and written by a staff of patients, there was a write-up of the Rotary Christmas Party:

"The patients who have visitors feel sorry for us who don't have any and we feel sorry for them because they can't come to the parties given by the Rotary Club. We like the Rotary Club parties because they vary from our other ones, and we receive more presents that are always useful. We don't know who interested them in us, but we think Mr. Duffy* had a lot to do with it. We thank all those who made it possible for him to accomplish so much for us."

Besides their welcome parties, members of the Rotary Club have donated generously from time to time with gifts for the hospital's field day, supplies for the beauty shop, and contacts for any service that might be needed. They've been a wonderful help!

The annual minstrel show has proved to be a good project for attracting outside interest in the welfare of the patients. There is much publicity, and the newspapers are only too willing to cooperate in this venture. The show is eagerly looked forward to by the police and fire department glee clubs, which participate on alternate evenings. Besides these two fine choral groups, numerous stars of stage, screen, television, and radio combine to put on a show for the patients—people whom it would be impossible to hire. They include Johnny Morgan, now appearing as master of ceremonies at the Paramount Theater in New York City, James Barton of motion pictures, recently a featured player in *The Daughter of Rosie O'Grady,* and Gloria Benson, the featured singer with Phil Spitalny's all-girl orchestra.

Field day, each fall, is a high point in interesting the relatives and friends of the patients who participate. The New York City Department of Sanitation lends the talent of its 75-piece band in all its splendor. At this time also, clergymen and other friends participate as judges.

*Recreation director, Creedmoor State Hospital

Through the hospital's supplying script material for Adelphi and Hofstra Colleges, these institutions have become interested in Creedmoor and have brought student-talent shows to entertain the patients. Applications have also been made by local colleges for students to finish their field work at Creedmoor and get some training-experience with mental patients.

Industrial concerns have offered to entertain, and most of them have had their interest aroused because the newspapers are friendly toward recreation work, and publish all forthcoming hospital events, as well as results of ball games and field day events, and reports of such activities as the minstrel show.

And last but not least, should be mentioned the party given only recently by the 52 Association of New York which is a group composed of a large number of civic-spirited citizens who sponsor a party each of the 52 weeks of the year at the different hospitals. They served an abundant buffet supper, and afterward provided their own entertainment, chosen with care, from well-established talent. This was the club's first visit to Creedmoor, but the members have promised that it will not be their last.

It seems appropriate to report the reaction of public participants themselves to the Creedmoor recreation program. President William Swengros of the Queens Village Rotary Club notes:

"The recreation department of a mental institution is an excellent medium for public relations with the local community. This can be attested to by the Rotary Club of Queens Village, because through the efforts of Jack Duffy, recreational director of Creedmoor, our club has become aware of the fact that there are many forgotten people in the world.

"Our club, just four years old and composed of 50 representative business and professional men in the community, has been interested in this institution the past two years. Back in 1948 we searched for a suitable project to carry out the third object of Rotary—'The application of the ideal of service by every Rotarian to his personal, business and *community* life.' When Mr. Duffy, who incidently is one of our active members along with Dr. Harry LaBurt, senior director of this institution, revealed that there were a number of patients in this hospital who never have visitors, never receive gifts, and apparently are without relatives or friends, our problem was solved. This was it—let's be relatives or friends—or at least befriend these friendless

souls. We were aware of the fact that innumerable organizations and individuals were deeply concerned about the plight of the poor, the blind, the crippled and the orphans. But nowhere had we heard, or read about, or did we see any efforts being made to lighten the burdens of the mentally ill, particularly those who may be classed—literally—as orphans—for truly they are such since they have neither relatives nor friends to bring them a word of cheer, or a little gift for their happiness. I don't think there is a lonelier soul than the mentally ill person who never receives a visitor. And so our project was born.

"In November 1948, our members, aided by their friends, raised $1,400 which was used to give some 500 unvisited patients a Christmas party with everyone receiving gifts. Then we had several seasonal parties, including a picnic which, unfortunately, was dampened by a rain storm.

"Again in the Fall of 1949, and just recently, in March, through two affairs we were able to raise close to $4,000. At Christmas we entertained more than 900 unvisited patients with a gala party. Besides the refreshments, dancing, and games, which brought cheer to their hearts, every man and woman received at least two gifts, including socks, slippers, ties, sweaters, cosmetics, scented soap, fancy hankies, cigarettes, pipes, tobacco, and so forth. Much thought and effort was given to securing suitable presents for this type of patient. When these people filed out of the assembly hall, everyone, without exception, expressed his or her appreciation with the sincerity and simplicity of a child in an orphanage. The patients—bedridden—who couldn't come to the hall, were visited by small groups of our members and their wives. They were given gifts, ice cream, cake and everything else the ambulatory patients received in the hall.

"We, in Rotary, are proud of our project. We know much good is being done to help these people rehabilitate themselves.

"We also know this project has proven most educational—not only for our members but the community as well. Creedmoor was just another place—for many of us—until we undertook this project. Now it is on the lips of many. If it had not been for the recreational department, and its director, Jack Duffy, I feel sure the unvisited, friendless patients in this institution would still be unvisited and friendless.

"Our contact with the mentally ill patients at Creedmoor has given all Rotarians an understanding and a tolerance for psychiatric patients that we never felt before. In fact none of us, or our families, thought much about Creedmoor and those confined there.

"Yes, the recreation department of a mental hospital is an excellent medium to educate the public."

It would behoove all recreation instructors to further contacts along lines such as these, because they educate the public and remove some of the old fear of the stigma of the mentally ill. The Creedmoor program has demonstrated that the public is willing to co-operate with those who are aware of their responsibilities, and make opportunities for public participation.

77 Frederick Avenue
Atherton, Calif.
(% R. L. Chambers)

CONTRIBUTION TO THE CONCEPT OF "TOTAL PUSH" THERAPY*

BY ARPAD PAUNCZ, M. D.

A "new theory and principles" in the treatment of schizophrenia were introduced into the American psychiatric literature by Myerson who coined the words "total push" in 1939. This expression seems to have filled an urgent need since, in a comparatively short time, it became a rather generally-accepted and commonly-used psychiatric term.

What is really the meaning of this new psychiatric terminology?

Myerson's concept can be summed up the following way:

1. It is an increased *humanity* in the approach to the problems of patients.

2. It is a continuation of all the efforts of psychiatry and psychiatrists for the past 100 years and more to bring an enlightened pressure to bear upon mentally sick patients.

3. It is the utilization in a complete sort of way "of a thoroughgoing, steadfast pressure of human and physiologically sound background." It consists of: (a) General medical measures (physiotherapy, irradiation). (b) Exercise and games. (c) Diet, vitamins, etc. (d) Psychologic push (praise, blame, reward, punishment).

4. It claims that "the deterioration of the chronic schizophrenic" is not altogether "a natural or an entirely necessary product of the disease."

5. And that deterioration can be wiped out, at least in part, by effort, and the patients restored to a more human and active appearance.

Myerson finally states that "the introduction of these measures is a good tonic to the spirit and energy of the attendants, nurses and doctors."

This increased humanization of the treatment of chronic institutionalized psychotics had gained a tremendous impetus in the works of Simon, one-time superintendent of the state hospital in Guetersloh (Germany) who accomplished remarkable results in the

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total elimination of restraints in his institution and in the socialization of even the most hopelessly deteriorated schizophrenics or organically demented patients.

Simon introduced his system more than 40 years ago and summarized it in its final form in 1929 under the title, *More Active Treatment in Mental Institutions* (*Activere Krankenbehandlung in der Irrenanstalt.* De Gruyter und Co. Berlin, Leipzig. 1929).

In spite of the tremendous progress which psychiatry has made in the last 40 to 50 years, the present writer still considers it worth while to review the Simonian concept which, in its time, practically revolutionized European institutional psychiatry.

Simon concentrated with admirable energy and purpose on therapy. He wanted to make changes and to accomplish results where, in spite of all heroic efforts, before the shock era, comparatively little was accomplished. His primary interest was practical. He wanted to help and to cure, seemingly independently of all speculative theoretical considerations. However, he could not help but deal with theories also.

His insight and conclusions are partially based on the results of Pinel and Conolly, also on the findings of the Burgholzli school (Bleuler, Klaesi, Maier), especially in regard to "secondary manifestations of pathological conditions" and on the demands for "early discharge of schizophrenics." However, he was the *first* one who succeeded in translating into practice these generally known, but not generally effective, ideas.

Simon attacked the three basic evils in the institutional treatment of psychiatric patients: (a) The inactivity of the patients. (b) The unfavorable hospital atmosphere. (c) The principle of irresponsibility of the patient.

a. Simon ended his patients' inactivity, realizing fully that occupation through goal-setting promotes a feeling of obligation toward accomplishment, that it eliminates or prevents autistic isolation, that it strengthens self-esteem and guides the patients' restless urges into well-organized channels by creating socially necessary inhibitions.

b. Simon also attacked the second evil by making architectural and other structural alterations in the hospital and by creating a therapeutic attitude of mind and a philosophy of approach in his personnel, with the expectation of reducing or, if possible, counteracting the development of "institutional symptomatology" (symp-

toms primarily due to hospital influences, to other patients' behavior or due to lack of treatment or insufficient and inadequate treatment in the institution).

c. Enough has been written about the first two evils and a great deal has been accomplished to overcome them through the establishment of physical medicine rehabilitation departments, and through the elimination of unfavorable hospital atmosphere. But Simon's real contribution was aimed toward the third evil: the irresponsibility of the patient. Simon established in this connection principles which, even today, deserve further exploration and elaboration: 1. There are "still-normal" characteristics in the psychotic patient. 2. Psychosis does not create, as a rule, asocial or antisocial symptomatology, but only unmasks the basic personality-trend. 3. Certain basic laws of nature are valid in all organic life, even in psychotics.

1. The principle of the "still-normal" in psychiatry is perhaps a naïve and primitive concept which, while always present in doctor-patient relationships, was never—previous to Simon's work—raised to a place of scientific dignity or exposed to a dignified scientific scrutiny.

Why? Because normality is basically outside the realm of psychiatric methodology. Psychiatry, as a medical specialty, deals with pathology, with mental disorders, with the cure and healing of the psyche. It describes, evaluates and summarizes manifestations which deviate from the norm or which inhibit or destroy the normal course of psychological processes. Normality, being essentially symptomless in a psychopathological sense, does not lend itself to psychiatric investigation.

The disregard of these still normal, still healthy factors in even the most pathological conditions, is perhaps one of the roots of many of our diagnostic and prognostic failures. The distrust which still prevails in many circles against psychiatry, can also be traced back to this persistent one-sidedness and the intellectual blindspot of our approach.

Not so, however, in other branches of medicine! Modern therapy emphasizes everywhere, in order to accomplish results, not only the restoration of the damaged organs or organ-systems by "rest-cures" (among others), but rather the full utilization of the still remaining, still normal functioning of the respective organ

(the remarkable accomplishments in epidemic encephalitis, infantile paralysis, chronic neurological conditions, chronic cardiac conditions, etc.).

From the point of view of "still-normal," not even the organically demented is totally dead; something psychological or mental is still going on in him. He is still somewhat productive and reactive-sensitive. He still has some consciousness with some content. Brain diseases as such, do not eliminate the possibility of the existence of more or less normal psychological experiences or the existence of functional disturbances and reactions originating in the still unimpaired part of the personality.

No matter how demented or deteriorated, patients are still human beings, of bad and good characteristics, and the intensity and violence of their pathological manifestations depend not only on the intensity of the psychological processes themselves, but also on the still-normal individual assets. "The patient must be treated as a person and not as a case" (Tompkins and Ozarin).

2. Other principles of Simon can be summarized as follows: The basically antisocial attitudes of our mental patients are, strictly speaking, not the consequence of their particular pathology, rather they are primary manifestations which existed long before the onset of the sickness. Through the sickness, the basic personality, until then disguised, becomes manifested. "The psychosis does not create a new character and it does not change the old one so quickly; it only discloses the one which was present before."

The characteristics revealed by the psychosis show far-going similarity with certain unbridled behavior of children, which is the result of ill-breeding. Even in psychotics, we are dealing essentially, besides the mental ailment, with bad manners, and we incriminate each form of psychosis unjustly if we make the psychoses directly responsible for all the disturbing abnormalities.

However, in the same way that children can be influenced and molded through adequate guidance and education, psychotics can also be influenced, directed toward new habit-patterns and re-educated to awareness of their duties and responsibilities to themselves and society.

3. The maintenance of one's existence and well-being is one's own responsibility which is objectively determined through biological fundamentals and is independent of subjective realization

or consciousness in general, or of the criteria of good or bad. This concept is valid for all forms of existence, for animals as well as for plants. By adjustment to the environment, the existence of the race and individual is secured; lack of adjustment leads to damage, to destruction, or to death. Freedom means, in this particular instance, not something absolute, but rather the free acceptance of limitations imposed upon us by the laws of nature and man.

With the increasing complications of civilized life, existence becomes, on the one hand, more secure and more sheltered, and, on the other hand, the community demands mastery of one's desires and instincts and adjustment to established norms and laws. We have to teach our children how to bring their basic biologic tendencies into harmony with the necessities of community life; and we have to re-educate our patients to the awareness of the forgotten basic biological law that, in order to survive, one must adjust. Psychotherapy or institutional therapy, from this point of view, is nothing else but a special form of education and re-education. It is helping the patient in his purposeful adaptation to an independent existence. "Resocialization and re-education, in the essentials of community living, are the objectives to be sought" (Tompkins and Ozarin).

The vital energies are, of course, diminished in the patients. There is reduced receptivity and responsivity. There are disorders of association and lack of clarity in thinking. There are severe emotional disturbances. There are also asocial and antisocial characteristics. There is often considerable damage to the central nervous system; however, even if we take these changes into account, we have to assume that the total life patterns of psychotics unfold and run in the same sequence, and follow the same law of development, as those of so-called normal beings.

* * *

The goal of the more active therapy in mental institutions is, on the one hand, the control, the pushing back, the overcoming of tendencies and inclinations which are incompatible with the orderly pattern of community life. On the other hand, the goal is: the development and strengthening of such abilities, forces, and reaction patterns as are useful and conducive to communal existence and as make possible a goal-striving adaptation to life's vital necessities.

What to do with patients, will perhaps be different in each individual case. It is essential, however, that we do something; that we grade their activities according to their remaining capacities; that we show them that they are still able to accomplish something; and that we make all effort to prevent the gradual deterioration of their still-persisting energies.

The task of a positive constructive treatment means, therefore, that one is not to be satisfied with statements that psychotics have lost this or that of their energies and abilities; but rather to emphasize their remaining "normality," their remaining health; to cultivate them; to teach them how to perform and accomplish, how to carry on, even if on a lower level; and to strengthen and develop them through continued training.

Through consequent interference with the development of harmful habits, through nurturing of useful and productive counter-habits and with this, activation of creative and sound impulses in the patients, one develops conditions which enable the patients to take more logical and more objective stands and to display, based upon a biological foundation, more responsible reactions toward the environment. This, in turn, increases the patients' ability to assert themselves much more energetically in their struggle for their existence and for their well-being.

The essence of Simon's concept is its fundamentally changed attitude toward psychosis and psychotics. It is in the fact that we do not look any more, primarily for what is pathological, what is deficient, what is missing, but for the still persisting unimpaired remnants of the human being, for his "still normal" energies and abilities, and that we try to bring into harmony with the necessities of life this unimpaired part. Duties must be assigned again to them, not duties arbitrarily constructed, but rather those which result quite directly from the rights and expectations of the patients from life.

Life has no logical claim which is not continuously conquered and fought for. In conformity with this basic attitude, the assumption is rejected, in the most definite manner—as something fundamentally wrong—that psychotics are not responsible for their actions and behavior. And this is done in the interest of the patients themselves.

The responsibility for one's self and for one's fate is the most precious treasure which the human being possesses. Our very

existence, our energies and our abilities derive their meanings from that. The responsibility for one's fate is nothing else but the direct manifestation of the law of causality, the law of indissoluble connection between cause and effect, which no human being can exist without, or escape from.

Summary

1. The concept of "the total push," as introduced by Myerson, is a valuable psychiatric terminology which has stood the test of time.

2. While Myerson primarily emphasizes external factors to accomplish his goal, this paper deals basically with the intrapsychic aspects of the patients—with the same goal in mind.

3. This approach became crystallized by Simon's publication in German under the heading of "More Active Therapy."

4. The following ideas are essential in the better understanding of patients and in the fuller utilization of the "total push" principle: (a) Even the most severe psychiatric patients retain some aspect of their normality, which can serve as the starting point of any future therapy. (b) Many psychopathological manifestations are not due to the pathological process itself, but rather to basic personality trends, the display of which is facilitated by the psychosis. (c) Patients must be made aware of these facts, step by step; and through these steps, they must learn their own responsibilities for their conditions and for their present and future welfare. (d) Responsibility for one's self is biologically determined and is valid for all forms of existence; it is the natural law of existence and is independent of the criteria of good or bad.

5. These insights must inevitably lead to a changed therapeutic attitude of the personnel and to a philosophy of approach which emphasizes the essentially salvageable humanness of all patients, no matter how greatly deteriorated, or how hopelessly demented, they seem to appear.

6. Not merely the curing of those who are curable is the task of the mental institutions, but also the care of the incurable, the safeguarding and strengthening of their human dignity, an endeavor which is a truly inspiring and elevating experience.

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Downey, Ill.

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IN-SERVICE TRAINING OF REHABILITATION PERSONNEL FOR MILIEU THERAPY*

BY AARON PALEY, M. D.

The teaching of psychiatric skills is difficult at best. The difficulties are compounded when the trainees vary from eighth grade graduates to masters of arts, represent a bewildering array of technical backgrounds and traditions, lack even the unifying blessing of a common group designation, and must learn while doing full-time jobs. These are the rehabilitation personnel of the psychiatric hospital.

No generic appellation—official or unofficial—for such workers (occupational therapists, recreation therapists, sports therapists, music therapists, hobby therapists, and industrial therapists) has found any wide acceptance. Rehabilitation therapists (the term used in this paper) and other designations have been suggested.

What Is Milieu Therapy?

In contrast to this confusion in names, the group has considerable unity in function. All are concerned with providing milieu therapy for the patient. Milieu therapy means the planned treatment of the psychiatric patient by the total effect of his daily activities and his contacts with his environment. In other hospitals, such programs may go by other designations—"total push" perhaps. At Winter Veterans Administration Hospital "milieu" is preferred, since emphasis is not on activity or "push" *per se,* but rather on the therapeutic appropriateness of the activity to the changing, individual needs of the patient.

The principles of milieu therapy cannot be discussed in detail here. It will suffice to say that the concept is a dynamic one, that is, that the attempt is made to provide in the environment what the patient's psychic economy needs. This is done in three general ways: (a) by offering a flexibly balanced program of needed gratifications and necessary controls, so that the patient is at all times

*Sponsored by the Veterans Administration and published with the approval of the chief medical director. The statements and conclusions published by the author are a result of his own study and do not necessarily reflect the opinion or policy of the Veterans Administration. This article is condensed from a paper read before an institute of Veterans Administration psychiatrists at Winter Veterans Administration Hospital, April 2, 1951.

reasonably secure, yet stimulated to growth; (b) by rectifying specific deficits in the patient's technical and social training; and (c) by offering the patient a corrective emotional experience.* The patient has the educative experience of discovering—and re-discovering as often as necessary—that things don't always have to be the way they have been, that significant persons don't always threaten, reject, neglect, or seduce; and that the patient, in return, doesn't have to be fearful, provocative, vindictive, or whatever. This has value in the treatment of all mental disorders, and is almost the only technique that holds any promise for dealing with character disorders.

An illustrative example is the case of a 26-year-old young man brought to Winter Veterans Administration Hospital by the sheriff because of threatening behavior toward his wife. He had an almost life-long history of maladjustment and two episodes of frank psychosis, with delusions and hallucinations. There was a long record of delinquency, truancy, sex offenses, etc. It seemed apparent from the anamnesis that his lack of instinctual control was a reflection of a lack of parental control. Further, parental indulgence was a manifestation, not of warm affection, but of cold indifference. The patient sought warm maternal relationships elsewhere, including later marriages, but his frightening aggressions led him to acting out, for which he was invariably caught and punished.

Our goal in his milieu program was to be firm without being hostile; to encourage him, by genuine warmth and regard, to carry tasks through to completion. Needless to say, the prognosis was not rosy. Yet here are excerpts from a few progress notes:

August 17: *Occupational Therapist*: "Patient mockingly said he was here to co-operate because his doctor told him he should . . . when asked to help clean up he informed the staff he was no janitor."

October 22: *Occupational Therapist* (to the writer): ". . . the improvement of this patient in occupational therapy sold his doctor on milieu therapy."

November 29: *Manual Arts Therapist* (from the woodworking shop): "His aggressiveness is somewhat covered over but he leaves the feeling he is ready if something would only start."

*This useful term, coined by Franz Alexander and his group in reference to their techniques of short-term therapy, is here re-defined with reference to milieu therapy.

January 1: *Manual Arts Therapist*: ". . . attends regularly and is co-operative generally as to shop schedule and cleaning up, although he does sometimes 'goof off.' When this is brought to his attention, he takes it well and pitches in."

April 3: *Manual Arts Therapist*: ". . . interest on the increase; attitude improving."

The patient went on a trial visit a year after admission, was discharged "maximum hospital benefit" six months later.

What Is In-Service Training?

This dynamic conception of milieu therapy poses enormous problems in training. No school for rehabilitation therapists now in existence prepares students to step fully equipped into such a program, though, by means of clinical affiliations, some occupational therapy schools are now approaching that ideal. Even at best, however, the schools cannot provide the whole solution, since many rehabilitation therapists, such as most hydrotherapy and occupation therapy aides, do not have much schooling. One must look then to in-service training.

In-service training consists of: (1) a formal aspect, the passing on of technical information from better-trained and more highly-informed personnel to those less-trained and less-informed; and (2) an informal aspect, the *continual* exchange of information, objective observations, and subjective feelings between personnel who have different relationships with and responsibilities toward the patient. The informal aspect is more important because the keystone of successful milieu therapy is psychological consistency, which cannot be achieved without honest observation, introspection, and communication among team members.

The basic goal of in-service training is, of course, to improve the treatment of patients. This goal is accomplished, however, through specific acts of education designed to: (1) impart conviction to the trainee about the worthwhileness of the program, not by appealing to his faith but by demonstrating the results achieved; (2) give understanding of basic psychiatric principles and, on this background, to give understanding of how milieu therapy works, (3) teach general techniques of observation and treatment of patients (for example, that commiseration with and praise of a psychotically-depressed patient usually intensifies depression,

rather than relieves it), and (4) teach specific techniques of observation and treatment of a particular patient in given situations.

Who Shall Teach?

One can learn to deal with patients, only if one is dealing with patients; how to work on a therapeutic team, only if one is on a team. Teachers should themselves be members of hospital teams. These include full-time psychiatric staff, experienced rehabilitation personnel, and psychiatric residents. Can residents, themselves trainees, act effectively as supervisors? Experience at Winter Veterans Administration Hospital is that they can—to the extent that full-time staff members themselves value and utilize milieu therapy and are willing to concern themselves with it.

How Shall We Teach?

The techniques of teaching include lectures to groups, discussions, seminar study groups, demonstrations, visual aids, movies, and individual supervision, to name only some. Over the past several years, there has been experimentation at Winter with all these and more, and some techniques have proved most helpful, while others have had little value in this particular setting. It is hard to generalize about the educational value of formal lectures. So much depends on the lecturer's skill, experience, and sensitivity to his listeners' needs. The value of this method may be questioned, because of the passivity of the audience, its varied intellectual level, and the pernicious tendency of lectures to get theoretical and obscure. Nevertheless, there seems to be no adequate substitute for lectures as a means of conveying the hard core of general information, the irreducible technical foundation. One can only suggest: Keep the classes small and get good lecturers, or forget about lectures altogether.

The case conference gives a wealth of information about a single patient or a few patients. Rehabilitation therapists attend many of the small diagnostic and appraisal conferences where new patients are discussed, besides some of the larger teaching conferences of the school of psychiatry. The serious limitations of such conferences as a teaching method are that they consume so much time and that, being designed for the medical staff, the material is sometimes confusing, obscure, or merely entertaining for the re-

habilitation therapist. Perhaps more focusing on milieu therapy in such conferences would not necessarily be a disservice either to the patient or to the psychiatrists in training.

If formal lectures to a large group rank lowest on the scale of value for in-service training, and informal case conference discussions in small groups have moderate value, individual supervision and "working with" in the clinic certainly rate highest. The difficulty with the last technique is that only someone who knows the patient well can give such supervision, and residents and staff are subject to too many other demands to spend much time in Winter's far-flung shops. Nor are there rehabilitation personnel to spare for purely supervisory functions. Fortunately, there are some adequate substitutes for on-the-spot supervision:

1. The ward physician writes a prescription that is a sort of letter of introduction for the patient to the rehabilitation therapist and gives information about the patient's pre-morbid background and his present mental status, the aims one hopes to achieve, suggested treatment devices, and what to avoid.

2. Once a month, the rehabilitation therapists send the doctor a progress note.

3. There are frequent phone communications between doctor and rehabilitation therapist.

4. The resident is expected to spend as much of each day as possible with his patients in the shop.

5. From time to time, "working conferences" are held. These are informal get-togethers of a resident and all the rehabilitation therapists—perhaps 12 or 15—who are concerned with his case load, for a review and a composite picture of what is going on. A sample from one of these work sessions will illustrate how they function as in-service training, and at the same time how milieu therapy breaks down with resulting planlessness and inconsistency in treatment when, as in this particular instance, communication and sharing are not good:

Psychiatrist: Next patient is Mr. R. I am his ward physician, but he happens to have another doctor as psychotherapist—Dr. A.

A Manual Arts Therapist: Mr. R. did very good work in my shop for a short while. Then he came to me and said he wanted to quit.

Psychiatrist: What did you say?

Manual Arts Therapist: Well, I guess he took me by surprise. I said, "O. K., if that's how you feel about it."

Psychiatrist: He didn't tell me about that. He just told me he had lost interest in woodworking and wanted to go to art.

Art Therapist: He showed a lot of interest and ability when he came to me. Then he said he was quitting my shop, too.

Psychiatrist: This fits in with what his therapist tells me about him. Mr. R. adjusts himself very adequately in a situation for a time. He then invites and provokes rejection; which, having been achieved, he interprets as a hostile attack by the rejecting person. He then feels justified in yielding to self-pity, anger, and an attitude of "the hell with it."

For various reasons in this case, the rehabilitation therapists had been unaware of insights the ward psychiatrist had gained from the psychotherapist about the necessary management techniques for this patient, and the ward doctor had been unaware of what was going on in the shops. Needless to say, the patient was not getting much better. Having become aware, at the conference, of what was happening, psychiatrist and rehabilitation therapists were able to discuss a more consistent approach to Mr. R.'s problem.

What Makes a Good Rehabilitation Therapist?

A number of techniques—interviews, psychological tests, and personality inventories—have been developed and recommended for weeding out those who should not and cannot handle rehabilitation therapy. Such attempts to avoid disappointments and reduce personnel turnover are all to the good, yet there are anxious and tenuously adjusted people who display exquisite understanding of, and kindness for, the mentally ill. What they lack, of course, is strength; but this develops under supervision and adequate in-service training.

The relative value of formal college and technical school training for rehabilitation therapists may be debated. At its best, an academic background for the right people seems to promote an interested, inquiring, orderly, humanitarian point of view. At its worst, it leads to rigid, judgmental attitudes, fussiness, and obsessiveness. At Winter, the writer believes it has been demonstrated that one can, by in-service training, build a highly competent department from tradespeople skilled in crafts, without academic

training beyond the high school level, and in some cases not even that.

The writer suspects that the best rehabilitation therapists are born, but that some can be made, and that all can be improved through supervision and solid working relationships with physicians who show interest in them and respect for their contribution to treatment.

Barbara Betz* described admirably the natural assets one hopes to find. The strategic conditions she postulated for the physician who would treat schizophrenic patients are probably equally applicable to the rehabilitation therapist: (1) a kind, strong, fair person; and (2) a perceptive person competent to understand.

Can in-service training help at all to inculcate such traits? In some measure at least, the writer believes it can. One might close this discussion with a history—not a case history of a patient, but a sort of professional history of a rehabilitation therapist.

M. S., a 23-year-old occupational therapist, applied for work at the psychiatric hospital. She did not tell the interviewer at that time that one of her motivations for changing her job was a hope of finding relief from some personal symptoms. She appeared to be somewhat insecure and anxious, but her background and record seemed to justify a trial. Her first work assignment was with disturbed patients. Of necessity, she went to work before she could attend much in the way of basic lectures or orientation.

During the first few days she felt somewhat uncomfortable and fearful, but not intolerably anxious. She noted with surprise and a sense of reassurance that other personnel did not seem to feel threatened by the behavior of the patients. She noticed the easy, confident manner her supervisor had with patients and tried to copy it, surprisingly with some success, so that for considerable periods she forgot her anxiety, and her confidence increased.

When in her first supervisory interview with a psychiatrist, she heard from him about the repetitive nature of mental illness, and the way patients automatically direct old feelings against new people, she again felt reassured even though she was not altogether sure what he meant. At any rate, her constant preoccupation with her own reaction to patients began to give way to an interest in the patients themselves, and she wanted to learn more. The opportun-

*Betz, Barbara: Strategic conditions in the psychotherapy of persons with schizophrenia. Am. J. Psychiat., 107:203-215, 1950.

ity presented itself in weekly team-meetings and a lecture series. She read the case histories of her patients and did some reading in the library. But her troubles were not over. Supervisors noted that she was still inclined to be overly compliant with aggressive patients, and authoritative with ingratiating ones. Her relationships with some co-workers were undermined by an aggressive, intolerant quickness of manner. Her attitude toward patients was pointed out repeatedly by fellow team members; and, because she was basically a conscientious, honest person, she tried, and was able, to modify her attitudes. So far as the writer knows, no one ever commented to her about her attitude toward other members of the personnel. He only knows that this too improved, and he believes that the psychiatric team was *her* re-educative experience. This, he is fairly sure, has never occurred to her, and would surprise her considerably.

How comfortable she is in her personal life today, the writer is not sure. Very likely she is reasonably comfortable, because she is reasonably kind, honest, strong, fair, and understanding with her patients. If she some day wants to seek treatment, that is her business. Her work is satisfactory.

The foregoing example is, of course, somewhat extreme and atypical. The writer cannot repeat too often that training for psychiatric workers is not intended to be treatment, and the person who badly needs treatment usually has no place on the psychiatric team. Perhaps the history does illustrate the thesis that the training of rehabilitation personnel—if it is to be effective—must be a meaningful experience beyond lecture instruction. The writer does maintain that one cannot treat patients successfully without a measure of controlled emotional involvement that is difficult to teach, but can be learned.

Summary

1. The scientific use of the hospital milieu as a means of therapy poses problems of training personnel of widely divergent background.

2. Of the many possible techniques for in-service training those are best that permit the rehabilitation therapist to have on-the-job communication with someone familiar with the patient's psychological needs.

3. Where the rehabilitation therapist can himself have an experience of acceptance, support, and non-judgmental criticism by other team members and particularly by the team "captain" (psychiatrist), he grows in the qualities necessary for good treatment of patients.

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POSTGRADUATE PSYCHIATRIC EDUCATION: SURVEY OF A COURSE

BY WILLIAM E. MAYER, JR., M. D.

Although it is maintained by many that no really new basic psychiatric concepts were developed during World War II, it is undeniable that psychiatry achieved a much more important and respected position among medical specialties during the war years than ever before. Despite the superficial screening methods used, a startlingly high proportion of draftees was rejected for service as unfit because of emotional disorders. Subsequently an astounding number of casualties and discharges resulted from psychiatric illness. The number of such disabilities created a demand for more trained psychiatrists than were available, and the problem of training physicians in this specialty became a major one. This training problem still exists because of the increased acceptance of psychiatry by the profession and the laity alike. Although residency training programs have been enormously expanded throughout the country, there continues to be a need for still more trained psychotherapists.

Many objections have been raised to the use of classical didactic methods in the teaching of psychiatry. The lecture system is said to be lacking in interpersonal relationships, while trying to teach —in psychiatry—a subject which is chiefly concerned with such relationships. It is maintained by many that these relationships must be experienced to be understood adequately. It is further objected that only an exceptional teacher with rare ability can stimulate much original thinking or reasoning in the student. The method itself makes no real demands for such activity; no initiative is required to sit and listen to lectures all day—only endurance.

In behalf of the lecture method, however, Bowman and others have pointed out that it has some value and a definite place in the endeavor. It is useful in teaching the basic facts and theories upon which psychiatry, like any other discipline, is based, and in teaching the special vocabulary it has created. In addition, a classical teaching method is valuable for presenting the many schools of thought and divergent points of view which are current. Finally, it is possible by means of lectures, to help the student review and summarize the large amount of literature in the field.

The Course of Instruction

The postgraduate course in psychiatry and neurology presented annually at The Langley Porter Clinic by the division of psychiatry, University of California Medical School, in co-operation with university extension, University of California, was organized under the direction of Karl M. Bowman, M. D., and Alexander Simon, M. D., to help meet the need for well-trained psychiatrists. It is a postgraduate lecture course designed for physicians with some psychiatric training and experience. It is planned to help the student correlate and integrate his knowledge rather than to communicate to him a set of wholly new facts or ideas. Originally it was planned for the physician returning from military service, but it has been continued because the demand for this type of postgraduate training has not abated.

The course is 12 weeks long (70 teaching days), in general with seven hours of instruction on five week days and a two-hour session on Saturdays, a total of 410 hours.* The lecture time is devoted chiefly to psychiatry and neurology in equal proportions, with short periods devoted to allied medical specialties, to psychology, and to ancillary subjects such as psychiatric nursing, psychiatric social work and occupational therapy. A total of 61 hours is devoted to case presentations and clinical conferences. There is a daily hour-long case presentation by a member of the resident staff, at which one psychiatric case is discussed by members of the faculty. One neurology clinic is held weekly at the University of California Hospital, where several neurological cases are presented. Two clinical conferences, each several hours in length, are held at the Laguna Honda Home for the Aged and two more at the San Francisco City and County Hospital psychopathic wards.

Seventy-three different lecturers are involved in the actual teaching, of whom only 17 give more than five hours of lectures. This then, is a major undertaking representing the combined efforts of a very large and diverse teaching staff, drawn principally from the faculty of the University of California Medical School.

There is a tuition fee of $200. The actual expense to any physician leaving his practice for 12 weeks to attend is, of course, considerably greater. Since the course constitutes so great an invest-

*Holidays and vacant hours give these apparently contradictory results.

ment of time, effort and money by students and faculty alike, it seemed desirable to make a survey of student reaction to it, as presented in the fall of 1948. This paper is a report of the poll taken.

The Survey

The survey was undertaken as the most valid means of determining the effectiveness of the course. Extensive and inclusive postgraduate courses in psychiatry and neurology are a relatively new addition to medical education and are extremely few in number. So far as is known, there is no other course given which equals this one in scope and duration. It is desirable to find out, therefore, exactly what the needs and aims of prospective students are, and how they can best be met. These things should be determined early, before a large body of perhaps misleading precedents is established to dictate the curricula and procedure of future courses without adequate regard for what the student actually wants and requires.

As a means of collecting data which would lend itself to classification and analysis, a detailed questionnaire was prepared, rather than simple requests for criticism and suggestions. The form consisted of four parts: The first was devoted to questions identifying the student (except by name) as to (1) specialty, (2) special fields of interest in medicine, (3) location of medical school, (4) location of practice, (5) type of practice and (6) future plans. The second part consisted of general questions about the length of the course and teaching methods. Parts three and four were lists of all subjects given and of all the lecturers, for individual evaluation by the student.

Description of Students

A total of 43 students was enrolled in the course. Five did not complete it, and three more were not available at the time of the survey. Therefore, only 35, representing 92 per cent of the full-time students, filled out the form. Occasionally a question was left unanswered, but in general the response was nearly complete.

Age and Sex

Three of the students were women.

The students ranged in age from 28 to 67, with a mean age of 41. On the basis of age, the respondents were divided into two groups,

one above and one below the mean. The two groups are referred to as "old" and "young" in reporting some of the data. (This is an arbitrary designation, not intended to set limits on youth.) It was felt that a separation based upon age might show significant differences in attitudes, desires and needs. As will presently be seen, this turned out to be true. No significant differences were found between other groups based upon the type of the members' present practice, future plans, or special interests, probably chiefly because the total number of respondents in each of these groups was not large enough.

Specialty

Thirty-one reported their specialty as psychiatry, and one each as neurology, neurology and psychiatry, orthopedics, and internal medicine. Four were diplomates of the American Board of Psychiatry, one of the Board of Neurology, and one of the Board of Internal Medicine. Five of the reporting class members took the American Board examinations in psychiatry during the course. Five more also took the examinations but did not finish the course or were not available at the time of the survey. Fourteen more stated that they took the course to prepare for the examinations, sooner or later. (Table 1.)

Table 1. Specialty

Subject	No. of students	No. of diplomates
Psychiatry	30	4
Neurology	1	1
Psychiatry and neurology	1	..
Orthopedics	1	..
Internal medicine	1	1

Special Interests

Thirty class members listed clinical practice as their special interest in medicine. Eleven listed teaching, four administration, and three research. (Table 2.)

Table 2. Special Interests

Clinical practice	30
Teaching	11
Administration	4
Research	3

Location of Medical School and Practice

The majority of students (24 of 33 reporting) received their medical education in the middle west and east. One reported the location of his schooling as China; two other class members who did not fill out the questionnaire were also educated in China and practised there.

Twenty-two of the 33 respondents to this section listed the west coast as the location of their practices; five practise in the mid-west, three in the east, two in the southwest and one each in the south and in China. (Table 3.)

Table 3. Location of Medical School and Practice

Location	School	Practice
East	7	3
Middle West	17	5
South	2	1
Southwest	3	2
West Coast	3	22
China	1 (plus 2)	1 (plus 2)

Type of Practice

Fourteen class members were engaged in state hospital work. This included 44 per cent of the "old" and 35 per cent of the "young" group. Twelve were psychiatrists in Veterans Administration hospitals, including 50 per cent of the older group. Three students were active members of the military services, two were in private practice and three were engaged in university work. (Table 4.)

Table 4. Type of Practice

Type	Young	Old	Total
State hospital	6	8	14
Veterans Administration	3	9	12
Military	2	1	3
Private practice	2	..	2
University work	3	..	3
Unreported	1	..	1
	17	18	35

Years of Experience in Psychiatry

Four of the students stated they had had between 18 and 27 years of experience in psychiatry; 10 had had between eight and 16, and 16 had had between one and seven. The mean for the entire class was seven years, the average 8.7 years.

Future Plans

Of the younger group, eight signified their intention of entering private practice, six planned to go into university work, three planned to continue in state hospitals and one in military service. Among the older group, five planned to remain with a state hospital system and five with the Veterans Administration, one with the military, and only two planned to enter private practice. (Table 5.) The student was not restricted to one choice in his future plans, so for the young there were more plans than students.

Table 5. Future Plans

Type of practice	Young	Old	Total
State hospital	3	5	8
Veterans Administration	..	5	5
Military	1	1	2
Private practice	8	2	10
University work	..	6	6
Unreported	6	..	6

Length of Course

Of the 19 students who took the course to prepare for American Board examinations, 18 stated that this course was the kind of instruction they wanted. Four of the older group felt the course was too long, suggesting instead that it be six to 10 weeks. One older and two younger class members felt the course was too short, suggesting 15 to 20 weeks instead; but 80 per cent of the students felt the present course length of 12 weeks was best. (Table 6.)

Table 6. Length of Course Desired

	Young	Old	Total
6 to 10 weeks	..	4	4
12 weeks	13	12	25
16 to 20 weeks	2	1	3
Unreported	2	1	3

Type of Instruction

The desire for a series of short *diagnostic clinics* in which members of the class would participate actively was expressed by 69 per cent of the students; and 60 per cent stated they thought that in general the members of the class should be asked to participate more in discussions and case presentations.

In an equal division between older and younger groups, 60 per cent of the class suggested that one or several afternoons each week be devoted to *seminars,* with the class divided into small discussion groups. The present arrangement includes no seminars of any kind.

Willingness to pay more tuition for some closely supervised *individual case work* during the course, for example in the outpatient department, was expressed by 60 per cent. No individual case work was included in the course.

A total of 57 per cent of the students, including 72 per cent of the older and 41 per cent of the younger groups, stated they wanted more *clinics* presented.

Of the whole class, 34 per cent said they would prefer longer, more comprehensive and detailed *case presentations* and discussions than the present ones, at the expense of some lectures; and 31 per cent wanted a greater number of cases presented. Also, 31 per cent wanted more time spent in hospitals in conference and clinical demonstrations. These preferences are listed in Table 7.

Table 7. Type of Instruction Desired

	Percentage
Diagnostic clinics	69
Seminars	60
Individual case work	60
More clinics	57
Case presentations:	
Longer, more detailed	34
Greater number	31
More time in hospitals	31

Number of Speakers

Fewer individual speakers than the present total of 75 were wished for by 34 per cent of the class. Ten students gave as a reason the feeling that under the present system there is too much overlapping and/or repetition. Five stated as a reason that it

takes several hours to become accustomed to any one lecturer to learn easily and well from him. Four said the large number of lecturers made the course seem disorganized or disconnected. One felt that too many disparate points of view were presented.

General Subject Preferences

The subject matters of the course were first grouped into 13 large, *general categories.* The student signified whether he wanted more or less of each. Of the total class, 77 per cent said they wanted more lectures on psychotherapy; 55 per cent more instruction in functional psychiatric disorders; 34 per cent desired more clinical neurology; 41 per cent of the young group wanted more about psychoanalysis, but only 16 per cent of the old group did; 44 per cent of the old group wanted more lectures on diagnostic methods, none of the young group agreed. Of the entire group, 37 per cent wanted *less* time devoted to ancillary subjects such as nursing, social work and occupational therapy; 41 per cent of the young desired less time on organic psychiatric disorders; 35 per cent of the older group wanted to hear less about psychology and medical specialties other than psychiatry and neurology. (Table 8.)

Table 8. General Subject Preferences

Subject	Percentage of class wanting More	Less
Psychotherapy	77 of total class	
Functional psychiatric disorders	55 of total class	
Clinical neurology	34 of total class	
Psychoanalysis	41 of young 16 of old	
Diagnostic methods	0 of young 44 of old	
Ancillary subjects		37 of total
Organic psychiatric disorders		41 of young
Psychology		35 of old
Medical specialtes		35 of old

Specific Subject Preference

Fifty-one *individual* lecture subjects were also listed, to be similarly evaluated. Between 34 and 60 per cent of the class as a whole expressed the desire for more lecture time devoted to basic neurology and psychiatry, child development, child psychiatry, clinical neurology, psychoanalytic theory and technique, general

psychopathology, psychosomatic medicine, and psychotherapy. The older group expressed interest chiefly in more basic neurology and psychiatry, clinical neurology and schizophrenia. The younger students emphasized the need for more on child development, child psychiatry, juvenile delinquency, neurophysiology, obsessive-compulsive neuroses, psychoanalytic theory and therapy, psychopathic personality, psychopathology, psychosomatic medicine, and psychotherapy. (Table 9.)

Table 9. Specific Subject Preferences

More lecture time desired, by groups:

By entire class	By young, chiefly	By old chiefly
Basic neurology		Basic neurology
Basic psychiatry		Basic psychiatry
Child development	Child development	
Child psychiatry	Child psychiatry	
Clinical neurology		Clinical neurology
Psychoanalytic theory	Psychoanalytic theory	
Psychoanalytic therapy	Psychoanalytic therapy	
Psychopathology	Psychopathology	
Psychosomatic medicine	Psychosomatic medicine	
Psychotherapy	Psychotherapy	
	also:	
	Juvenile delinquency	also:
	Neurophysiology	Schizophrenia

Between 34 and 57 per cent of the respondents felt that less time should be devoted to allergy, anthropology, dermatology, history, neurosurgery, nursing, social work, and x-ray diagnosis and therapy. The older group predominated in objecting to the amount of time spent on anthropology, neurosurgery, nursing, pediatrics, research methods, and social work. The younger group chiefly wanted less about allergy, convulsive states, dermatology, history, pneumo-encephalography, and x-ray therapy. (Table 10.)

The 10 subjects judged by the class as a whole to be most valuable and the 10 judged least valuable are listed in Table 11.

A significantly larger number of the older people designated anthropology, military psychiatry, and research methods as least valuable. The younger group objected most strongly to history, neuro-otology, and x-ray therapy.

Of the five students who took the American Board examinations in psychiatry during the course, three stated that basic neurology

Table 10. Specific Subject Preferences

Less lecture time desired, by groups:

By entire class	By young, chiefly	By old, chiefly
Allergy	Allergy	
Anthropology		Anthropology
Dermatology	Dermatology	
History	History	
Neurosurgery		Neurosurgery
Nursing		Nursing
Social work		Social work
X-ray diagnosis		
X-ray therapy	X-ray therapy	
	also:	also:
	Convulsive states	Pediatrics
	Pneumo-encephalography	Research methods

Table 11.

Ten most valuable subjects	Ten least valuable subjects
1. Neuroanatomy	1. Dermatology
2. Clinical neurology	2. Psychiatric nursing
3. Neuropathology	3. Allergy
4. Basic neurology	4. Psychiatric social work
5. Basic psychiatry	5. X-ray therapy
6. Psychotherapy	6. Military psychiatry
7. Social learning, maturation and integration	7. Occupational therapy
8. Psychoanalytic theory	8. Nutrition
9. Psychoanalytic therapy	9. Anthropology
10. Psychosomatic medicine	10. History

was one of the most valuable subjects they had studied in preparation for the examinations. One vote for value in this respect was given to each of the following subjects as well: neuroanatomy, electro-encephalography, history, psychotherapy, clinical neurology, dynamic psychiatry and neurophysiology.

Evaluation of Lecturers

An interesting fact that emerged from the general questions was that 83 per cent of the class reported they learned most from lecturers who used notes but spoke more or less extemporaneously, as opposed to those who read verbatin; 54 per cent, equally divided between old and young, stated that they particularly objected to lecturers who read directly from prepared notes.

In view of many such informal observations and spontaneous comparisons of individual lecturers by students during the course, and also in view of the enlightening results of a similar poll among medical students at the University of California, it was felt that a plan for grading the instructors might reveal some useful information. Similar experimental plans for grading teachers (by their students) are currently in progress at universities in various parts of the country as an adjunct to better education. An attempt was made to discover who were the most effective teachers, quite apart from the nature of the material they presented. Naturally, the lecturer's subject did, in part, determine the response he received from the group; but the students were asked to evaluate the individual's attributes purely as a teacher, as objectively as possible.

Another reason for evaluating the instructors is the question of the desirability of employing so large a number of different persons as teachers. At first glance, it might seem valuable to have a great many different ones speak in order to present experts in each aspect of the subjects taught, as well as to present many different points of view. However, it is questionable whether there are so many "experts" available; and, certainly, the end result of too many separate points of view is confusion. Further, it might seriously be questioned as to how many persons, expert or not, are effective teachers. Extensive knowledge of any subject certainly is no guarantee of teaching ability, so it might possibly be of greater value to have subjects presented by persons who were clearly effective teachers, even if a little less expert in one particular aspect. It seems reasonable to assume that a smaller number of lecturers might result in greater integration as well as in less repetition and overlapping. Too great a reduction in the number of different speakers might, on the other hand, lead to distorted or biased views, as well as to overemphasis in some places and omissions in others.

In his evaluation of each lecturer, the student was instructed to consider especially: (1) knowledge of the subject; (2) ability to integrate it with other fields; (3) the amount of interest the lecturer was able to generate regarding the subject; (4) technical ability to speak well, clearly, at the right speed, understandably and succinctly; (5) the apparent adequacy of preparation; and (6) how convincingly and well he communicated his ideas, beliefs, "pet theories" or facts. A simple numerical grading system was de-

vised with values from 1 ("so deficient as to be of no or doubtful value") through 5 ("exceptional teaching ability and general excellence of presentation"). Figure 1 is a graph of the grade distribution.

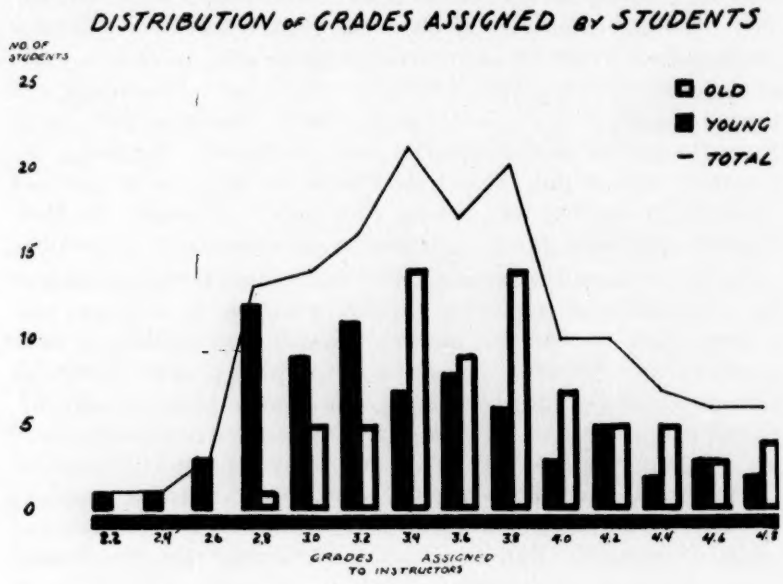

Figure 1

In the case of 26 instructors, or slightly over one-third of the total, the difference between the grades given by the young and old groups was 10 per cent or more; but, in only five cases, was there a discrepancy of more than 15 per cent. In the graph (Figure 1) it will be seen that the grades given by the old group roughly follow a normal distribution curve, while those given by the younger group were weighted on the lower side of the curve.

Sixteen of the 73 lecturers received average grades of 4.0 or above, signifying "good" to "excellent." These persons are listed by specialty in Table 12.

Fifteen teachers received grades of 3.0 or below: definitely below average. These are shown in Table 13.

Table 12. Lecturers Graded 4.0 or Above

Specialty	Number
Eclectic psychiatrists	4
Psychoanalysts	2
Neurologists	2
Anatomists	2
Neurosurgeons	1
Ophthalmologists	1
Neuropathologists	1
Radiologists	1
Urologists	1
Psychologists	1

Table 13. Lecturers Graded 3.0 or Below

Specialty	Number
Eclectic psychiatrists	4
Psychoanalysts	1
Pediatricians	2
Allergists	2
Pharmacologists	2
Occupational therapists	1
Social workers	1
Nurses	1
Parasitologists	1

There was a high correlation between the high and low grades and the numbers of hours the lecturer talked to the class. Those receiving the 16 highest grades spoke an average of 12 hours each, while those with the lowest grades averaged only 2.2 hours.

Teaching qualifications are usually based on criteria such as age, years of teaching experience (lecturing), professional rank, length of association with a teaching institution, etc. On the basis of these criteria, 20 lecturers stood out as having by far the highest qualifications. Eleven of the 16 receiving the highest grades from the students were from this group. None of those receiving the low grades (below 3.0) came from this more experienced group, and six of the 15 low scorers had an exceedingly small amount of previous experience with the lecture method.

None of the lecturers receiving high grades read their lectures verbatim from prepared manuscripts. Four spoke almost completely extemporaneously. The rest used some notes but did not

merely read them. Five of the lecturers receiving low grades read their material almost exclusively, and none spoke extemporaneously.

To help judge how important the subjects were in influencing the grading of the instructors, the grades awarded to the lecturers on the 10 subjects voted "most valuable" and the 10 voted "least valuable" were averaged and compared. This was also done with the grades given the lecturers whose subjects the students as a group desired "more of" or "less of."

In many cases several speakers lectured on a single topic. The average grade for all the instructors who lectured on the 10 "most valuable" subjects was 4.2. For the 10 "least valuable" subjects, the instructors' average grade was 3.0. The lecturers who taught subjects which a significant percentage of the class wanted "more of" achieved an average grade of 4.1, while those lecturers presenting subjects which the class wanted "less of" averaged 3.25. It will be noted that the percentage difference between the "most valuable" and "least valuable" is greater than between the "more of" and "less of" groups.

Lecturers on 10 "most valuable" subjects			Lecturers on 10 "least valuable" subjects		
Young	Old	Average	Young	Old	Average
4.1	4.3	4.2	2.8	3.2	3.0

Lecturers on subjects which the class wanted more of			Lecturers on subjects which the class wanted less of		
Young	Old	Average	Young	Old	Average
4.1	4.1	4.1	3.0	3.5	3.25

The 20 lecturers described previously as theoretically the most highly qualified teachers earned an average grade of 4.0, compared with the over-all average grade of 3.53. The psychiatrists as a group had an average grade of 3.57. The average of all other lecturers was 3.5. Eclectic psychiatrists received an average grade of 3.6, and analytic psychiatrists 3.55. The three anatomists achieved the highest average grade as a group: 4.57. Neurologists were next with an average of 3.95. Surgeons ranked third with an average of 3.75. (Table 15.)

Table 15. Average Grades, by Groups

General	Young	Old	Average
All lecturers	3.35	3.70	3.53
20 "most highly qualified"	3.80	4.20	4.00
Psychiatrists	3.40	3.75	3.57
Eclectics	3.40	3.80	3.60
Analysts	3.40	3.70	3.55
All others	3.30	3.70	3.50
High scorers			
Anatomists	4.65	4.50	4.57
Neurologists	3.70	4.20	3.95
Neurosurgeons	3.70	3.80	3.75

Asked to name the five outstanding teachers, all things considered, the class as a whole chose an anatomist, a neurologist, an eclectic psychiatrist, a neuropathologist and another eclectic psychiatrist, in that order. The young group chose the same men in the same order. The older group substituted a psychoanalyst for one of the eclectics, in their list. (Table 16.)

Table 16. Five Outstanding Lecturers

Entire class	Young	Old
1. Anatomist	1. Anatomist	1. Neurologist
2. Neurologist	2. Neurologist	2. Eclectic (b)
3. Eclectic (a)	3. Eclectic (a)	3. Neuropathologist
4. Neuropathologist	4. Neuropathologist	4. Anatomist
5. Eclectic (b)	5. Eclectic (b)	5. Psychoanalyst

Eclectic (a) chosen by the younger group was a younger man; the analyst chosen in his place by the older group was an older man. The eclectic (b) ranked second by the older group and fifth by the younger was an older man. The anatomist ranked first by the young and fourth by the old was a younger man. This suggests some correlation between the age of the lecturer and the age of the student evaluating him, as was confirmed in many cases in the grading.

Allowing for the discrepancy in the averages awarded to the total teaching staff by the young and old groups, the outstanding lecturers were graded about equally high, while the low-ranking teachers were graded proportionately lower by the younger than by the older students.

Hours of Effective Learning

The majority of both young and old groups stated that they learned the most between the hours of 9 and 12. The majority of the young group reported they learned the least between the hours of 12 and 3, whereas most of the older students stated they learned least from 2 to 5 p. m. (See Figure 2.)

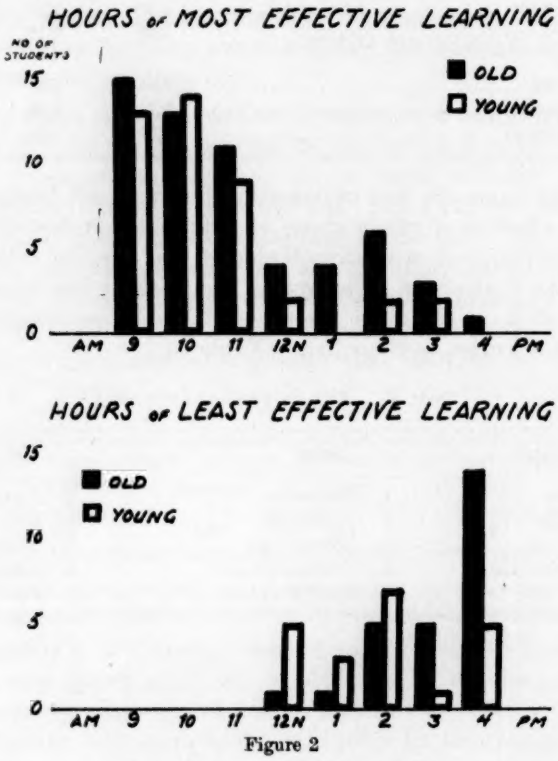

Figure 2

Summary and Conclusions

A survey was made of student reaction to the postgraduate course in psychiatry and neurology given at the University of California, to determine the effectiveness of the program. Thirty-five students were polled.

The mean age of the students was 41 years. Thirty-one of 35 reported their specialty as psychiatry, and 30 stated that clinical practice was their special interest in medicine. Eleven more were interested in teaching.

Of the students, 73 per cent were educated in the middle west and east; 69 per cent practice on the west coast.

Of those older than the mean age, 94 per cent were from state hospitals or Veterans Administration hospitals; 53 per cent of the young group was so employed, and the remainder were about equally distributed in private practice, military service and university work.

The students as a group had an average of 8.7 years of experience in psychiatry; the mean was seven years.

Of the entire class, 37 per cent planned to remain in state and Veterans Administration work; 47 per cent of the young group planned to enter private practice, but only 11 per cent of the older group did.

The majority of the students felt the present course length of 12 weeks was ideal. Approximately two-thirds asked for a series of diagnostic clinics, seminars, and some individual case work, none of which were included in the course, and most said they were willing to pay more tuition for them. A significant fraction of the class also suggested a greater number of clinics and case presentations, and more time spent in hospitals.

General and specific subject preferences were surveyed. Over three-fourths of the class wanted to hear more about psychotherapy, and over one-half wanted more about functional psychiatric disorders. Other preferences were listed in the tables.

Among the 10 subjects listed as most valuable, the class placed four nonpsychiatric ones: anatomy, pathology, and clinical and basic neurology, at the top; the remainder were psychiatric topics. The 10 subjects least valuable included several other medical specialities and ancillary subjects.

The lecturers were graded individually on a scale ranging from one through five. Sixteen of the 73 speakers attained average grades of 4.0 or above; 15 received 3.0 or below. Those who achieved the highest grades were generally those who spoke the greatest number of hours. One-third of the class felt there were too many individual lecturers.

The lecturers on the 10 "most valuable" subjects attained a considerably higher average grade as a group than the lecturers on the 10 "least valuable."

The teaching staff as a whole received an average grade of 3.53. The 20 teachers who according to generally accepted standards

were theoretically most highly qualified averaged 4.0. Psychiatrists as a group averaged 3.57. Anatomists, neurologists and neurosurgeons were awarded, as groups, by far the highest grades, but each of these groups included only a few individuals.

The five lecturers considered by the class to be most outstanding included two psychiatrists and an anatomist, a neurologist and a neuropathologist.

Grades awarded by the older group were consistently higher than those given by the younger students. The groups tended to give higher grades to lecturers whose ages corresponded to their own. There was general agreement by old and young on the highest grades, but the young group tended to grade inferior teaching lower.

From these data, it may be concluded that the course, as constituted at present, closely approaches the satisfying of the needs and desires of postgraduate students in psychiatry and neurology, and particularly of those who intend to take American Board examinations. However, some worthwhile information concerning teaching methods and curriculum resulted from the survey.

The students who attended the course are primarily interested in clinical practice, and a considerable number in teaching also. The average student is a mature individual 41 years of age, with a considerable amount of practical experience in psychiatry; 75 per cent are now engaged in institutional practice. One-third intend to continue institutional work, and about the same number intend to enter private practice. These facts help to explain the desire for more clinical teaching with demonstration of patients, and more individual case work and seminars.

Several definite quantitative changes were suggested in the subject matter. These consisted primarily of a desire for more instruction in psychotherapy and functional psychiatric disorders.

It is interesting to note that the individual teachers best received by the class were for the most part those who taught concrete subjects such as anatomy and pathology. These are popularly considered dull and uninteresting. Therefore the results of this survey indicate that the teaching of these subjects in this course was exceptional. The results also indicate that the present equal division of time between psychiatry and neurology is a good plan, and that there should be no reduction of the time devoted to either.

As a group the lecturers were graded considerably above average. The highest grades seem definitely related to the subject taught, the number of hours the lecturer talked, and the previous experience of the teacher, all of which might have been predicted. An interesting correlation is that between the ages of the lecturer and of the students. The older students definitely preferred the older teachers, while the younger thought most highly of younger lecturers although there were some exceptions. The younger group, furthermore, were openly more critical of what they considered mediocre or inferior teaching.

Although only one-third of the class members explicitly wanted fewer lecturers, the grades suggest that it might be more effective to have the teaching staff consist only of the most highly qualified teachers, apportioning among them the subjects of lesser interest. The most effective teachers, it would seem, would be those with the greatest previous experience, who could devote the largest number of hours to the course, and who would not read notes directly from a prepared manuscript.

The reports of the hours of the day during which most is learned suggest that if the methods are changed to include more clinical teaching, the morning hours should be reserved for didactic lectures, and that such things as seminars, case work and clinical conferences—which are usually more stimulating and informal—be given in the afternoon or, perhaps, the evening.

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REVIEW OF LEGISLATION OF THE YEAR 1951

BY MARSH W. BRESLIN, A. B., LL.B.

The 174th session of the New York State Legislature convened on January 3, 1951, and ended its deliberations in the late hours of March 16, distinguishing itself again by the introduction of more than 6,000 bills. The session once more had a "last day for the introduction of bills" which resulted in the submission of approximately 1,400. From the standpoint of program bills, the Department of Mental Hygiene was somewhat limited in the 1951 session, such bills as were introduced being concerned with revision of existing procedures and normal amendments for the sake of efficiency.

A general consideration of important legislation introduced in 1951 that would concern the Department of Mental Hygiene would be restricted to the establishment of the Civil Defense Authority and the variety of measures introduced in connection with the control of narcotics and the care, treatment and cure of drug addicts. It is immediately apparent that in the event of any public emergency which would occasion the use of the drastic provisions for civil defense, institutions for the care of the mentally ill, mental defectives and epileptics would be vitally affected. The provisions of the law on the subject, therefore, are of great importance. As to narcotic control, the approach was varied, being concerned with increasing penalties for traffic in drugs, efforts to define a "user," and an attempt to obtain, at least, the beginning of some procedure by which drug addicts could be placed in more proper institutions for care and cure.

The department introduced several bills directly and was successful in obtaining the passage of five so-called "program" bills. Legislation affecting the Department of Mental Hygiene, grouped under related headings is listed herein as follows: "Appropriations," "Mental Hygiene," and "Related Statutes." All new laws or amendments are already in effect except as otherwise noted.

Appropriations

Under Chapters, 41, 44, 46 and 210 in 1951, the legislature appropriated a total of $161,722,446 to the Department of Mental Hygiene for the fiscal year beginning April 1, 1951. This sum represents an increase of $45,746,934 over the allocation for the previous year.

The appropriation for personal service is $73,701,698, which is less than the sum appropriated for the previous fiscal year by $608,695. Included in the amount appropriated, is the sum of $1,258,856 designed for new positions, which is offset by a decrease of $1,869,300 in the funds required for regular personal service.

For maintenance and operation, a total of $36,258,565 was allocated, the figure including the following items: $2,300,000 for the Edgewood unit of Pilgrim State Hospital; $2,486,500.40 for Willowbrook State School; $765,000 for the Mental Health Commission; $18,000 for the Mental Hygiene Council; $55,000 for brain research at the Psychiatric Institute; $10,000 for psychobiologic research at Creedmoor State Hospital; and $15,000 for research projects at Letchworth Village. The total appropriation reflects an increase of $3,889,129 over the amount set up by the legislature in 1950.

The principal sum of $51,092,400 was allocated for capital projects in 1951, which represents an increase of $42,466,500 over the amount set aside in 1950. It should be noted, however, that this increase is offset materially by the lapse or repeal of specific allocations to the amount of $24,915,318 in previous appropriations. This was made possible by the substitution of new and more urgent projects for those which had been previously planned.

Mental Hygiene

Chapter 183 of the Laws of 1951 amends the existing section 10-a, relating to the transfer of patients, to permit the transfer of patients who are veterans to institutions operated by the Veterans Administration. This eliminates a very serious problem; for, prior to this revision, it was possible to complete such a transfer legally only by discharge from the state institution and re-certification to the veteran facility.

Chapter 165 revises the qualifications required to become a certified psychologist. In the past, clinical requirements being general, the department was forced to make decisions as to the eligibility of an applicant by interpretation of the existing law. Clarification of the clinical experience required will now permit a more satisfactory determination, since the standards are now sufficiently outlined to allow a more equitable disposition of applications.

Chapter 490, relating to certain psychiatric personnel in state institutions, concerns both the Mental Hygiene and Correction De-

partments. It is designed to permit an interchange or transfer of psychiatrists in the higher levels between institutions in the Department of Mental Hygiene and Dannemora State Hospital and Matteawan State Hospital, the latter two institutions being subject to the Department of Correction. It is hoped that the flexibiliy now available in the revision will facilitate recruiting for the positions affected.

Chapter 396 amends Section 20 of the Mental Hygiene Law by specifically extending the privilege and confidence covering state institutions to include licensed private institutions. Although it has always been felt that private institutions were included by implication, the revision makes certain that the protection will extend to licensed private institutions by specific language to that effect.

Chapter 172, amending the administrative code of the City of New York, extends to April 7, 1952, the period within which patients in Manhattan State Hospital must be removed from buildings located on that part of Ward's Island which is to be developed by the City of New York for park purposes.

Related Statutes

Chapter 297 adds a new section, 445-a, to the Correction Law. It permits the discharge of certain defective delinquents who are on parole. It also sets up a procedure by which suitable defective delinquents may be transferred from one institution to another, and enlarges the opportunity for parole and discharge in suitable cases.

Chapter 673 revises Sections 6901, 6905, 6906, 6907, and 6911 of the Education Law in part, relating to the practice and licensing of nurses. The revision delineates the distinctions between registered nurses and practical nurses and establishes standards for both, together with the mechanics of licensing both categories.

Chapter 716, affecting the New York City Criminal Courts Act, establishes a court for girls 16 to 21 years of age, to be known as girls' term. It defines purposes, powers and procedures, and in repealing existing provisions of article 9-b of the act, it states that jurisdiction shall be deemed civil rather than criminal wherever possible. Under power and procedures, authority is given to the magistrates to order a physical, psychological or psychiatric examination. If a girl is reported mentally defective, the magistrate may commit her to a state school. It should be noted that

the intent of the law is to establish a new term of the court, designed for girls and stated to be directly concerned with eliminating any thought of criminality, if possible. The law clearly indicates a desire to retain such cases on a behavior or adjustment basis rather than on one which would aim toward the detection of crime and ensuing punishment.

Chapter 784, entitled the Defense Emergency Act, repeals Article 16 of the Executive Law, relating to civil defense. It sets up detailed and complete authority and procedures to be followed in the event of enemy attack or public emergency. Within this act, in Section 45 thereof, will be found the authority for the use of oleomargarine in state institutions.

As in 1950, various measures were introduced to revise either the law or official procedure under it. Among those which failed to pass will be found the following:

Assembly Int. 675, Print 677 would have authorized the Department of Law to render aid in the commitment of the mentally ill and would have directed the Attorney General to render legal aid to individuals, which is unconstitutional.

Assembly Int. 1516, Print 1541 would permit the state hospital admission of residents of the state, with no preference as to the "poor and indigent."

Assembly Int. 1518, Print 1543 would have set up a director of volunteer activities at each institution to co-ordinate the various aids and forms of aid from individuals and private agencies.

There were also several bills introduced to set up state aid for local hospitals operating psychiatric facilities, one to permit care for non-residents if a resident agrees to pay expenses, and a bill to establish a psychiatric division within the Department of Correction, for a service now rendered by the Department of Mental Hygiene.

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THE YEAR IN REVIEW

BY MARGARET M. FARRAR

As mental hospital populations continue to grow, and widespread emotional maladjustment is manifested in such social ills as drug addiction, delinquency, crime, and international friction, the problems of public mental health become increasingly complex. The New York State Department of Mental Hygiene is concerned not only with the care of the mentally disabled but with the prevention of mental disorders and the promotion of positive mental health. Its sphere of action is not limited to the hospital, the laboratory and the clinic, but extends into the community itself.

By the same token, the answers to this many-faceted problem must be sought both within and without institution walls. And there can be no question that the answers lie in research. With all the progress psychiatry has achieved in a brief space of time, medical science has as yet only scratched the surface of the human mind and emotions. Prevention and cure are goals to which we must find our way through exploration and study.

Research

During the past year there has been an increasing emphasis on research throughout the department. In addition to the regular program of the Psychiatric Institute, the department's research center, there were several major projects for which special appropriations were made by the legislature. Totaling some $1,200,000, these included $55,000 for the brain research project which the Institute is conducting in co-operation with Rockland State Hospital; $15,000 for a new study in mental deficiency at Letchworth Village; $10,000 for the Institute of Psychobiologic Studies at Creedmoor State Hospital (to continue investigations into body chemistry as related to mental disease); and $47,000 to continue the study of sex criminals conducted by the Psychiatric Institute at Sing Sing Prison.

At present the Department of Mental Hygiene is conducting a total of 173 research projects. Seventy of these are in progress at the Psychiatric Institute, in such fields as neuropathology, medical genetics, psychology, bacteriology, and biochemistry. Twenty-eight are under way at the Creedmoor Institute. At Letchworth Village, 21 separate studies are being made in the field of mental

deficiency. And 11 other state hospitals and schools are conducting a total of 54 projects. In addition to this laboratory and clinical research, the department is conducting through the Mental Health Commission a new kind of research in the community itself, seeking information on factors in community life which may have a bearing on public mental health.

The Mental Health Commission

Established in 1949 to co-ordinate the activities of five state departments in the formulation of a plan for community health programs, the Mental Health Commission has been instrumental in the expansion of mental health services in many parts of the state. Through a series of institutes and seminars, it is bringing to public health officials, welfare workers, educators, clergymen, nurses, and others in the service professions, an understanding of human behavior and emotional needs. Another aspect of its program for professional education is the provision of scholarships and stipends for the training of psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and occupational therapists.

The commission has established a research center in Syracuse to conduct a series of studies, concentrating on the patient at the time of admission to the hospital, and working backward to discover what conditions led to his mental breakdown. This research is a co-operative venture in which local social agencies are participating. An interdisciplinary approach embraces—in addition to psychiatry—epidemiology, sociology, psychology, psychiatric social work, public health nursing, and biometrics. All these sciences are represented on the commission's research staff.

The first group of patients selected for intensive study consists of older persons suffering from the mental diseases of the later years, which now account for 36 per cent of all first admissions to New York State mental hospitals. The study is attempting to determine whether mental illness occurs more frequently in certain sections of a major industrial community than in others. Evidence collected thus far, for this particular age group, indicates substantial differences in hospitalization rates. Further investigation will be made to discover whether these differences are due to actual differences in the proportion of persons who become mentally ill in the various localities, or to certain factors which would influence families to place a patient in a hospital—factors such as attitudes

toward a mental hospital, housing conditions, outpatient services available, and the like.

If actual differences are revealed in the incidence of mental disease, the commission will analyze community services, social and economic forces, and neighborhood conditions in each of these localities in terms of their influence on public mental health.

The Institutions

On December 1, 1951 there were 119,903 patients on the books of the New York State hospitals and schools, 106,927 actually residing in the institutions. A year ago there was a total of 118,089 with a resident population of 104,766.

The budget for the year 1951-52 is $143,300,000, which exceeds that of the previous year by $27,700,000. It includes some $80,000,000 for personal service, $37,000,000 for maintenance and operation, and $26,000,000 for capital projects.

The addition to the capital fund in the 1951-52 budget brought to a total of $125,000,000 the construction fund of the department, which provides for 9,500 additional beds in 21 new buildings. During 1951, four of these buildings were completed and occupied, all infirmaries at Letchworth Village. It is hoped that five more, containing 2,452 beds, will be completed within the next few months. The rest are in various stages of development.

Some 700 additional beds became available at Willowbrook State School early in the year when the Veterans Administration returned to the state the last of the facilities which had been in temporary use as Halloran Hospital. This marked the first time that the state has had full use of the Willowbrook buildings.

Treatment

As in the past, the state institutions during the year provided an active treatment program for all who could benefit thereby. Nearly 10,000 patients were admitted to some form of shock therapy during the last fiscal year, over 7,500 receiving electric shock and more than 1,500 insulin. Psychosurgery, becoming increasingly important in the treatment of selected patients, was used in 864 cases. Virtually all the hospitals are using some form of group therapy, extending existing programs and seeking means to standardize procedures. The psychiatrists, many with specialized training in this field, work with groups of from six to 40 patients, often with

the assistance of a social worker, nurse, or other member of the psychiatric team. Progress in occupational therapy during the past few years has been marked, owing in part to an increase in the number of occupational therapy positions in the department's institutions and in part to an extension of the program on the wards, with the co-operation of the nursing and ward services.

In-Service Training

A significant event in the department's broad program of in-service education was the completion of a year of graduate work by the first group of nurses and occupational therapists to receive stipends from the Mental Health Commission. Ten graduate nurses and 10 occupational therapists received stipends of $2,400 each for advanced professional education. A similar program for social workers completed its second year, 21 receiving stipends and an additional 51 receiving tuition for special courses. A new group were granted stipends to start courses in the fall.

In-service training for ward personnel was conducted on a broad scale during the year. Figures for the last fiscal year indicate the coverage achieved. Almost 1,800 attendants completed the standard course designed to acquaint the newly employed attendant with the objectives of the institution program and to give specific training in the various aspects of his job. This course usually includes at least 75 hours of instruction, and in many institutions it has been considerably expanded. In addition, 544 attendants, employed one year or more, participated in refresher courses, and some 344 staff attendants received advanced training. Among the nurses, 742 participated in some form of in-service education, including lectures, discussions, seminars and workshops, and 157 took advanced courses at colleges or universities either on a full or part-time basis.

Public Education

The year was significant for the public relations program in that it was marked by the successful use of two new media for mental health education. The first was a television program produced as a live show on WNBT in New York City as a feature of Mental Health Week. Entitled, "Fear Is a Phantom," and featuring Fred Waring as narrator, the program dealt with the effects of tension within a family caused by anxieties arising out of the present

emergency. The kinescope recording was subsequently telecast by all NBC outlets in New York State. This was a dramatic presentation planned and written especially for television.

The other new venture in mental health education was a puppet show presented as part of the department's exhibit at the State Fair. The two-foot marionettes, created by Frank Paris, one of the country's leading puppeteers, represented the members of the popular Bumstead family, who teach mental health principles in the comic book introduced at the State Fair last year. The phenomenal success of the "Blondie" comic book prompted the department to extend the sphere of these familiar characters. The puppet show consisted of a nine-minute playlet explaining in the course of typical Bumstead adventures the meaning of mental health. A gaily-colored bookmark, distributed to visitors, carried the same message. The bookmark was made available in quantity to New York State agencies and organizations, and about 165,000 had been distributed by the end of the year.

The *Guideposts to Mental Health,* still in considerable demand, went into a third printing during the year, and over a million copies have been distributed in two years. The first printing of the "Blondie" comic books—approximately half a million—was almost exhausted as the year closed, and a similar number had been distributed in the special edition published for other states by the National Association for Mental Health.

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EDITORIAL COMMENT

ACCIDENTALLY ON PURPOSE!

We wonder sometimes, after an onrush of local safety campaigns, a "safety week" observance, or a dramatic rise in automobile accident insurance rates, just what it would be desirable to do, and even more what it would be practical to do, about the commonest of all accident causes, the emotional cause, the cause which exists within the accident victim. Psychiatry has taken due notice of this emotional factor ever since Freud demonstrated that one does not forget a name or a face, or make slips of the pen or the tongue without a hidden reason. But due notice in the form of formal recognition has been just about all that has been accorded. Except in the comparatively new specialty of industrial psychiatry, where there has been pressing necessity, psychiatry has not engaged actively in measures aimed to increase general safety or effect such things as a reduction in the rate of increase of automobile casualties.

Our automobile safety campaigns are generally conducted, although with somewhat lesser emotionality, along the lines of religious revivals. The campaigner preaches and exhorts. He points to the inconvenience, economic loss, pain and sorrow which can result from hurry and "carelessness." He asks, "What if it were your child?" That is, the child hit by the speeding driver, thrown through the windshield by your own too sudden stop, or crushed in an accident following the failure of brakes you failed to repair! The safety campaigner reiterates that alcohol and gasoline do not make a good stirrup cup; that the chance of saving a few minutes in crossing a street against traffic is a poor wager against the chance of being hurled into eternity; that possible losses in blood and treasure are vastly out of proportion to the few pennies hoarded by skimping on mechanical upkeep, of failing to make repairs.

The safety campaign is an appeal to common sense, and, within common sense limitations, is a triumph of American public relations. That is, it is likely to be effective for a time. Coupled with such "practical" measures as increased school-crossing patrols, better speed limit enforcement, and more drastic action in the traffic

courts, such campaigns can bring about material reductions in traffic deaths and traffic injuries—as long as their lessons last. And the lessons last for some, of course, only just about as long as common-sense appeals to the conscious are effective in restraining unrecognized, unconscious motivations.

The safety campaigner's position and methods are much like those of the famous preacher who took such an uncompromising stand against sin. His hearers didn't like sin either. So nobody likes the idea of falling in the bathtub, driving while drunk, or being knocked down at a street crossing. But just as people continue to sin, so do people continue to step on the soap, jaywalk against the lights, or get behind the wheel after cocktail parties.

It is with this sort of accident that this discussion is concerned, the accident with such emotional causes as magnificent indifference to trivialities like the slipperiness of soap; to abstraction, compulsions or anxieties which wager skin and bones against motor-propelled steel; or to the various psychopathologies which persuade a driver that a skinful will not impair his judgment or coordination. How this type of "accident," which is properly not accident at all, compares with genuine accident is a question without definite answer—for there are no statistics with even pretense of reliability. Insurance company and police department records, alike, have other ends in view than determination of accidentally-on-purpose happenings, though the figures compiled for both can cast some light on the matter. Those figures, it may be said, can lend some support—by identifying a class of the accident-prone—to the impression of psychologists and psychiatrists that emotional or unconscious factors can be found in the great majority of chance occurrences. Motor vehicle injury from poor driving, or poor upkeep, or traffic rule violations is vastly more common than injury from primary defects in motor vehicles and equipment.

To meet this sort of thing, we have various procedures adopted by rule of thumb or after crude testing by trial and error. A railroad engineer who fails to see signals is removed from the throttle; an industrial worker with a record of successive accidents is shifted from dangerous machinery; an automobile driver with too many accidents noted on the back of his license may lose the right to drive, permanently or temporarily. The accident-prone automobile driver is a well-recognized character: all other drivers know about him and fear him; the insurance companies know about

him and increase his premiums when they can identify him; the state motor vehicle officials know about him and—with sufficient provocation—end his authorized driving days summarily.

But in point of fact, we know all too little about him. For the most part, we cannot even recognize him until he is well away on his career of repeated accidents. As a piece of armchair speculation, could this possibly be the place where psychiatric theory and psychologic practice might come in?

Even the yawning armchair speculator cannot, of course, pretend to the ignorance or naïvété of supposing that a system can be devised easily for ready identification. There are too many probable causes of accident-proneness. Aside from such physical difficulties as ocular and general neurologic disorders, a depressive driver may fail to hear or see what is on the road—or may welcome disaster if he does; a schizophrenic may hear or see what isn't there; a manic may not care; and a tense and anxious neurotic may have faulty judgment because of preoccupation, or may suffer slowed reaction-time to meet road hazards. As for the dynamics—which must be understood for prophylaxis or treatment—one may assume that, underlying most of these character patterns, there is a stratum of the self-damaging tendencies we know as masochism, whether we attribute them to secondary guilt reactions or a primary death instinct.

Yet, complex as the problem is, one may wonder if, starting from the broad base of police and insurance statistics, and proceeding cautiously, the scientific disciplines which deal with mental functioning and mental aberration might not be able to help at least a little in coping with our increasing road accident toll. We hesitate, for more than one reason, to bring up this point at all; for if psychological and psychiatric inquiry is suggested, possible test procedures come to mind at once; and if one suggests the possibility of tests, one is sure to hear from amateur and professional enthusiasts and cranks who already have the answer—which, of course, is as brilliantly simple as using a sphygmomanometer or a centrifuge, or exhibiting a special drawing or ink blot.

We not only disbelieve profoundly in the present practicability of any such test, but, at this stage of this discussion, do not want even to hear about one. We have always thought there was some catch to the story of the legendary superintendent of Utica State Hospital who could recognize a deranged man simply by looking

at him; and we are not impressed by the scientific method exemplified by the small boy who knows he "doesn't like" chicken fricassee with dumplings, just "from the looks of it." We do think that, if some suitable research program could be organized, any and all suggestions should be welcomed for study; but the time and the means for proper scientific evaluation certainly are not available currently.

Second, we hesitate to bring up the possibility of test development, because the psychiatric profession, with primary responsibilities for treatment and mental hygiene, and secondary responsibilities reaching into wide regions of human activities, has its hands full already. And psychiatry could not leave wholly in other hands a study aimed at the detection, prevention or correction of emotional aberrations. We conceive that psychology, too, has its hands full already; and that any effective psychological procedure to detect the accident-prone will have to be simple enough for handling, in the first instance, by non-professional people.

We might, to begin with, learn something about accident-proneness from a study of World War II air corps records, where, according to unofficial but competent opinion, the great majority of training accidents could be attributed to man-failure factors. Or, more scientific information might be forthcoming from the British or German military establishments, where more general use than in the American service seems to have been made of psychiatric and psychologic techniques in personnel study.

It should be stated, perhaps, that we are entirely aware that psychiatric studies have been made of accident-prone individuals and of small groups; but we are unaware of any really broad or significant research in the general field. It would be well to note, too, that even if broad, general research could be well organized and carefully conducted, it would be folly to anticipate revolutionary results and might be folly even to anticipate anything of appreciable immediate practical value. But it is not at all impossible that we should learn something—not about a single early pattern of accident-proneness—but about the several early patterns forecasting it, which would be useful in the preventive field of mental hygiene. And it is not entirely beyond possibility that enough common psychological factors might be uncovered in the major mental patterns of the accident-prone to permit their identification by some such ready means as Piotrowski's or Harrower's Ror-

schach signs for the identification of organic or neurotic disorders. This is certainly too much to expect, yet something might come of it. And "pure," as distinguished from "applied," science would certainly profit, regardless of immediate or other direct benefits to general society.

Of course, the intervention of the mental specialists with tests or what-not would create other problems of great complexity. We can forecast no method of psychologic or psychiatric testing simple enough and short enough to be given to all applicants for drivers' licenses. There are not enough testers in any case. And if there were enough testers, the question of the driving applicants' constitutional and other legal rights would arise. But supposing something both comparatively brief and informative in the way of psychological tests could be devised. It might be applied as a start to drivers with one serious accident or two minor ones—for the information and guidance of authorities who must determine suspension or withdrawal of the right to drive. It might be applied to applicants for airplane pilot licenses—and it might be remarked here that future generations will certainly be driving or flying more dangerous things than the vehicles of today.

Even as matters are today, we think formal examinations might be helpful after the fact—that is, after one or two accidents—in getting the worst of the accident-prone drivers off the road; we might help employers, insurance people and employed people alike in keeping some of the most accident-prone in industry from returning to the more dangerous industrial tasks; and we might gain information of considerable value for prophylaxis and promotion of general mental health. (Supposing satisfactory aptitude tests to be devised for preliminary determination of the accident-prone under these circumstances, professional psychiatric and psychological advice might be made available for appeal from doubtful or disputed preliminary determinations.) The subject is at least worth more armchair attention than we have been able to give it; and we suspect it would repay handsomely a moderate effort toward research and clinical inquiry.

BOOK REVIEWS

Pathological Firesetting (Pyromania). By NOLAN D. C. LEWIS and HELEN YARNELL. 434 pages. Cloth. Nervous and Mental Disease Monographs. New York. 1951. Price $10.00.

The authors of this monograph (Nervous and Mental Disease Monograph No. 82) are to be congratulated for their splendid effort in giving persons studying forensic medicine a better understanding of the great problem of pyromania. Your reviewer believes that such a well-organized and well-presented study has not been previously presented.

After reviewing the literature on this subject, the authors describe their method of investigation. They state that their original intentions, simply to review current knowledge of pyromania, were disrupted due to the general confusion of a definition of pyromania. As a result they decided to review representative cases of all types of non-profit firesetters because they showed similar psychological characteristics and personality deviations. The authors reviewed more than 2,000 case records and were able to obtain 100 personal interviews. However, their principal study involved 1,145 males 16 years of age or older, 238 juveniles (220 boys and 18 girls) and 201 adult female firesetters.

Of the 1,145 adult male cases, the age incidence was greatest at 17 years which led the authors to the conclusion "that firesetting is first of all the crime of the adolescent, and of late adolescence in our series." Six hundred eighty-six of the group set fires because of revengeful motives, while the remainder were of the type generally classified as pyromaniacs, who showed the so-called "irresistible impulse." Race incidence was unimportant. Geographical, community and family factors indicated that the reasons for firesetting were personal, involving struggles for prestige and power, and "physical inferiority is a serious contributing factor behind their abnormal desire to distinguish themselves before their comrades. . . . Of the group as a whole 48% could be classified as morons or imbeciles; 22% as of borderline to dull normal intelligence; 13% between dull normal to low average intelligence and 17% of average to superior intelligence. . . . In none of these categories did we find more than about 30% married and living with their wives at the time of the fire. . . . After the twentieth year, or thereabouts, alcoholism is found to accompany the firesetting, with increasing frequency . . . one-half of them (the group) have been in trouble with the authorities for one or many other types of antisocial activity, ranging from petty stealing to manslaughter."

The greater part of this monograph describes brief case records of motivated firesetters, "pyromaniacs," volunteer firemen who set fires, "would-be-hero" firesetters, vagrant firesetters, firesetting related to sexuality, preadolescents and adolescents who set fires, female firesetters, and psychotics who start fires.

The final chapters present a discussion of the theoretical dynamics seen in the cases studied and suggestions relative to probable psychiatric diagnoses of the "pyromaniac" group.

The Dynamics of Psychological Testing. By MILTON S. GURVITZ. 368 pages plus figure drawings. Cloth. Grune & Stratton. New York. 1951. Price $6.75.

Gurvitz' volume closely parallels Schafer's *The Clinical Application of Psychological Tests.* Although fewer tests are used, the write-ups are more intensely pursued, and detail plays a greater role. After clarifying the method in which the writer uses the tests (Wechsler-Bellevue, Rorschach and Figure Drawings), the book is devoted to blind personality analysis from the methods employed. Test results are then correlated in detail, with the therapist's comments, and percentages of agreement are noted, as well as points of disagreement, which are considered further.

Gurvitz is to be commended upon his practical, at times subtle, and always well-integrated, interpretations. The "blind" analysis, as this volume readily shows, is in no sense "blind" when such material is in the hands of an adequate clinician. One possible weakness might be noted regarding agreement by the therapist (recognizing the difficulty of any adequate measure) as an estimate of the correctness of evaluation; it is felt by this reviewer that such a criterion neither does justice to the author nor to the tests applied.

Body, Mind and Sugar. By E. M. ABRAHAMSON and A. W. PEZET. 195 pages. Cloth. Holt. New York. 1951. Price $2.95.

The cover of the book reads: "This book is your key to understanding alcoholism, neurosis, suicide, allergy, chronic fatigue, insanity . . . even murder." The first thought of the psychiatric reader is to raise the question of whether the medical society would not do well to request physicians who write (one author is an internist, the other a journalist) to submit publishers' blurbs for medical society approval—to prevent such language.

Upon reading this book, one finds that it deals with hyperinsulinism (hypoglycemia). Some interesting information is imparted, intermingled with ironic remarks about psychiatry, and coupled with exaggerated claims. It is regrettable that the journalistic tone prevails, thus impairing the value of the information to be disseminated.

The Autobiography of Benjamin Rush. With introduction and notes. George W. Corner, editor. 399 pages with appendices and index. Cloth. Princeton University Press. 1948. Price $6.00.

This belated review is appropriate, since, as reported by Dr. Earl Bond in the March 1951 issue of the *American Journal of Psychiatry,* 1951 connotes the 200th anniversary of the petition presented before the Assembly of the Province of Pennsylvania for the establishment of provisions for the care of mentally ill persons. According to Dr. Bond, this resulted in the opening of a temporary hospital in 1752 and the admission of three persons, one of whom was a mental patient, marking the first organized treatment in the United States of the deranged as sick people. It marked the beginnings of the Pennsylvania Hospital in which Dr. Benjamin Rush took a great interest and in which he treated many psychiatric patients. Dr. Rush's attitude toward psychiatric treatment is reflected in the following quotation from the section of this autobiography entitled, "Commonplace Book 1792-1813," in which there is entered under date of January 4, (1803) the following: "This day met the managers of the Pennsylvania Hospital with all the physicians (except Dr. Barton) and proposed to them (1) to grant us a man of education to superintend the Lunatics, to walk with them, converse with them, etc., in order to awaken and regulate their minds." Dr. Rush has come to be regarded as the originator in this country, or at least the first outspoken proponent in the United States, of the humanistic approach to mental disorders and the so-called "moral treatment" which later became the accepted therapeutic approach. His portrait still forms part of the official seal of the American Psychiatric Association.

The present volume is published from "The original manuscripts in possession of the American Philosophical Society and The Library Company of Philadelphia" and constitutes Vol. 25 of the memoirs of the former society. It contains three major parts. The first, entitled "Travels Through Life" was written in the years following 1800 and is addressed to Rush's children in order to convey to them "a few incidents that may perhaps afford entertainment and instruction to them when I am no more" with the expressed wish that it might never be published. It consists of a review of those features of his life, his personal philosophy, his political and religious views and his everyday dealings with his colleagues both in medicine and in politics which he felt to be important. In it, he defends his point-of-view, his actions and his theories against many apparent detractors. He reflects in a manner not usually encountered, the various turmoils of his time in which he, by reason of his activities, his multiple interests and his forthrightness, became involved.

The second and third parts are: "Commonplace Book 1789-1791" and "Commonplace Book 1792-1813." Here it was Dr. Rush's habit to enter "Memorable Facts, Events, Opinions, Thoughts, Etc." that occurred to him. They consequently represent the material he personally found interesting and which he found the time and had the inclination to record.

There are also present an introduction in which historical matter concerning the material is discussed and appropriate explanations included as felt necessary by the editor. There are four short appendices, in the first of which is a five-page discussion of "Rush's Medical Theories." An excellent index concludes the work. The footnotes are numerous and add greatly to value and interest.

The volume represents an excellently annotated and documental edition of the private writings of a man whose place in history is well established. As a revealing study of the life and problems of the early nineteenth century it is outstanding, provided that it is read as one man's reaction to the forces and circumstances in which he lived. To the medical man, particularly to the psychiatrist, it might be disappointing since little purely professional material is presented. It does, however, yield an opportunity of gaining partial insight into a leading personality of his time.

The Soviet Union: Background, Ideology, Reality. Waldemar Gurian, editor. viii and 216 pages. Cloth. University of Notre Dame Press. Notre Dame, Ind. 1951. Price $3.50.

This symposium, from the non-Communist point of view, covers many facets of current Russian thought and actions. The writing level is high and the articles are interesting and informative. The one criticism this reviewer has is of the opening article, written by the editor, where the terms "socialism," "communism," and "Bolshevism" are used with no real attempt to differentiate the three. The Soviet methods of thought-control and organized terror are explored and studied throughout the many changes of policy since the revolution.

The Covenant. By ZOFIA KOSSAK. vi and 375 pages. Cloth. Roy Publishers. New York. 1951. Price $3.50.

In writing a novel on the life of Abraham, Zofia Kossak has created a blend of the plausible and the wonderful. The action is smooth-flowing and the reading interest is maintained; but the reader may be disturbed at times by details included to make the story follow the Bible literally—while at the same time original Biblical details have been altered. An assumption is made that Abraham, through the Lord's guidance, was instrumental in bringing about a re-birth of the Jewish religion, even before the Covenant that brought with it the rite of circumcision. The classical Biblical view of the separateness of the Jewish from other religions is accepted throughout.

Mental Health and the Prevention of Neurosis. By JOACHIM FLESCHER. 534 pages. Cloth. Liveright. New York. 1951. Price $5.95.

This is a well-meaning, *over*-optimistic but *under*-thought-through book, characterized by too many generalizations. In the description of the theory and therapy of neuroses, a reader could argue with justification, and object to numerous aspects. The author's pet idea is "aggressive toxin" ("aggression"), though the glossary defines it as a "hypothetical metabolic toxin which stimulates aggression." This leads, among other things, to a "physioanalytical" aspect of crime: The author is impressed with a case of a murderess "who immediately after the homicidal act recovered from severe and chronic organic symptoms [p. 188]." What these symptoms were is not mentioned (the case was described by M. Bonaparte); it is just as possible that expectation of unconsciously self-provoked punishment absorbed temporarily all of the killer's masochistic needs. This example gives a clue to the book's shortcomings: The psychic masochistic elements are underrated; in general, the book follows too schematically and too simplifyingly the prevailing trend; parents are the great malefactors.

The Development of Human Behavior. By RICHARD DEWEY and W. J. HUMBER. 762 pages. Cloth. Macmillan. New York. 1951. Price $5.50.

This eclectic social psychology text brings together in an integrated fashion the interacting variables operating in the social behavior of individuals. The basic framework centers around three, which the authors label the biological heritage, personality, and environment. Emphasis is placed upon the social act itself, as determined by the separate factors. Material is drawn from diverse fields embracing physiology, learning, developmental psychology, physical and cultural anthropology, and sociological surveys. The various topics are amply illustrated by experimental studies and statistical treatment. Source material and suggested readings are included.

Laurel. By ALICE FELLOWS. 309 pages. Cloth. Harcourt, Brace. New York. 1950. Price $3.00.

To Elizabeth, her mother's ancestral home "Laurel" is a symbol of her aristocratic background. A shy, withdrawn girl with stubborn pride, she dreams of the time when she will own Laurel and regain her lost status. Gradually she rejects everyone, including her own family, until she realizes that she has completely isolated herself. The novel's weakness lies in the uncertain grounding of the reasons for Elizabeth's behavior. She acts as she does, not because of any frustration or mental lack, but only because of a rather unconvincing display of pride.

The Lost Language of Symbolism. 2 vols. By HAROLD BAYLEY. 763 pages including index. Cloth. Barnes and Noble. New York. 1951. Price $12.50.

New Approaches to Dream Interpretation. By NANDOR FODOR. 368 pages including index. Cloth. Citadel Press. New York. 1951. Price $5.00.

The Forgotten Language. By ERICH FROMM. 263 pages. Cloth. Rinehart. New York. 1951. Price $2.50.

Harold Bayley's standard work on symbolism has been reprinted after a lapse of nearly 40 years. It is a highly important inquiry, centering on the symbolism involved in the origin of "certain letters, words, names, fairy-tales, folklore and mythologies." Using as principal illustration the watermarks by which the early modern paper makers distinguished their products, Bayley traces, as Frazer traced in *The Golden Bough*, the significance of symbols from age to age and country to country. Albigensian and Gnostic symbols persisted in the work of the paper makers through centuries of suppression, to be distributed by Huguenot refugees all over modern Europe following the revocation of the Edict of Nantes. Bayley has devoted himself to a limited area and a limited period. As such his work often ignores ultimate phallic or astronomical interpretations. It is, however, a model of methodology. In another aspect of this work, the author's philological interpretations are daring, and are far from generally accepted but are decidedly worth scientific psychological attention.

Fodor's book is a clinical and theoretical report of symbolism as revealed in dreams and subjected to dream interpretation. It will arouse, of course, the objections made to Stekel and others to the effect that symbolism may be arrogated to a position out of its proper importance, although Fodor does not interpret dreams by symbolism alone. Although he devotes a chapter to the bear as a parental symbol, it conceivably might be a number of other things; and a wealth of clinical example is given throughout the book to point out such possibilities. The practising psychotherapist should find this volume provocative and of practical use.

Erich Fromm's book is an introductory discussion of symbolism, particularly in dreams. It is based on lectures addressed to undergraduate students as well as to postgraduate students, and is thus adapted to the intelligent non-professional reader. Fromm reviews very briefly the history and general lore of dream interpretation. He discusses the Freudian principles and the Jungian, and outlines those he apparently follows, which might be described as eclectic or neo-Freudian—that is, that dreams are not necessarily all of an irrational nature or all "Jung's revelations of higher wisdom," but partake of both aspects. With the caution that this point of view must be kept in mind, this is an excellent little beginner's text on the "forgotten language" which we encounter in our dreams.

Discretion and Indiscretion. By Dr. LUDWIG L. LENZ. 512 pages. Cloth Cadillac Publishing Co., Inc. New York. 1951. Price $3.95.

Ludwig Lenz is described as a distinguished sexologist, an assistant and colleague of Magnus Hershfeld. *Discretion and Indiscretion* comprises notes by Dr. Lenz—in exile in Egypt from his native Germany—which are less of an autobiography than a series of reminiscenes of both his private and professional careers. He is amazingly unreticent, for example, concerning his own three marriages and many other personal matters.

Factuality aside, this is one of the most fascinating volumes this reviewer has ever seen. Lenz' subjects range from a little history of defecation customs to notes on the mystical side of life and frank reports of his own experiences. The psychiatrist will find this an extraordinary, valuable, and most peculiar volume. While Lenz notes that "Freud's revelation is the foundation of all modern psychology," he remarks that "while Freud and his psychoanalysis were not actually ignored at our Institute, they were not encouraged." The psychiatrist is likely to regard many of Lenz' conclusions, such as his discussion of the psychology of Hitler, as remarkable for insight while others are totally lacking in it.

Lenz was a tolerant man. Believing that the transvestians are in a peculiarly unpleasant situation, he habitually employed them himself, "thus, for example, our five maidservants were all transvestian men." Concerning their desire to assume the appearance of the opposite sex, he notes that the first thing to be dealt with in males is the elimination of hair on the face. "After that, the penis was amputated, then they demanded castration, and then an artificial vagina. I performed these operations at the Institute—they were reported at the time in the daily press. . . ."!!!

Collected Papers in Psychology. By EDWARD CHACE TOLMAN. xiv and 269 pages. Cloth. University of California Press. 1951. Price $4.50.

These papers serve very well to illustrate the development of Tolman's thought through many years. Known chiefly through his experiments with rats, Tolman labeled himself a behaviorist—a behaviorist in the macroscopic rather than the microscopic sense, however not confining himself to mere muscle movements and gland secretions. The present papers have been arranged in chronological order, and in the interests of clearness this reviewer wishes that an exception had been made in the case of papers eight and nine, or that, better yet, another explanatory paper or footnote had been added. The ninth paper is an explanation of the difference between Gestalt and Sign-Gestalt, while the eighth makes use of the concept of Sign-Gestalt, without the subject having been previously introduced. Another valuable addition to the book would have been an index.

An Atlas for the Clinical Use of the MMPI. By STARKE R. HATHAWAY and PAUL E. MEEHL. xliv and 799 pages including index. Cloth. University of Minnesota Press. Minneapolis. 1951. Price $9.75.

This atlas is primarily directed toward those psychologists using the MMPI (Minnesota Multiphasic Personality Inventory) in the clinical setting. Nine hundred sixty-eight short case histories representing various clinical syndromes comprise the bulk of this volume. Coding of the MMPI profile, facilitating easier handling of the material, is used and demonstrated, with emphasis on the form (shape) of the profile, with secondary consideration of the intensity of elevation of the scores.

The object of such a work is to enable the clinician, obtaining a given profile, to compare it with other profiles of similar type for diagnostic suggestion and general interpretation. Many workers consider only the abnormally elevated MMPI score and ignore the potentialities of the general profile interpretation. It is expected that this volume will better enable the clinician to use much of the meaningful material that the inventory often obtains.

Hypnotherapy of War Neuroses. By JOHN G. WATKINS, Ph.D. 384 pages. Cloth. The Ronald Press Co. New York. 1949. Price $5.00.

Watkins has produced a work of considerable interest to the therapeutically-inclined worker. The major point he makes is that hypnosis does not supplant other therapeutic methods, but rather "gives them an opportunity for greater effectiveness in shorter periods of time by offering access to deeper levels of personality structure." A short history of hypnosis, with a detailed account of the methods employed by the author in inducing trance are discussed, with numerous case histories presented to represent various clinical syndromes.

Motivations of the subject are given accent and all possible "motivational allies" are taken advantage of. Leaning considerably toward the directive "school," it is Watkins' belief that under certain conditions insight can be forced at certain stages, in spite of active resistance.

The Superstitions of the Irreligious. By GEORGE HEDLEY. 140 pages. Cloth. Macmillan. New York. 1951. Price $2.50.

This is a clergyman's note on prevalent misconceptions of religion by the non-religious. Dr. Hedley contends, and demonstrates, that religion is not necessarily at odds with fact and reason, is not a field barred to scholarship, and that people who use symbols do not necessarily have to take them literally. He traces, among other things, the role of the scientific method in theological study. His point of view is one with which we would all do well to become better acquainted and his book should do much to promote mutual understanding between physician and clergyman.

The Blind in School and Society. By THOMAS D. CUTSFORTH, Ph.D. 245 pages. Cloth. American Foundation for the Blind, Inc. New York. 1951. Price $2.75.

This is a re-publication of a book first published in 1933. It is the original text as it first stood, and not a revision. A paper on "blindness, as an adequate expression of anxiety," delivered by Dr. Cutsforth in 1939, is included as the last chapter. The author, a blind person himself, is a practising clinical psychologist.

In the preface, the author commences by saying, "The purpose of this book is to help acquaint the seeing with the blind, and the blind with themselves." He achieves this consistently throughout the text proper by treating the problems that face the blind in the course of maturation and the problems that face society as they attempt to shepherd this growth. The material is treated in simple terms and with both insight and understanding. Conclusions are drawn from the standpoint of good psychological practice.

In the additional paper, Dr. Cutsforth advances the concept, ". . . that secondary use of physical handicap in personality can take the form of substituting it for neurosis." This is a very short paper. There are two appendices: one on problems for further study, the other a list of references.

The book, although in many instances out of date, is still worth while reading for those concerned directly or indirectly with the blind.

Berenstains' Baby Book. By STANLEY and JANICE BERENSTAIN. 92 pages. Cloth. Macmillan. New York. 1951. Price $2.00.

The Berenstains, up to the writing of this book, were known mainly for their cartoons which have appeared in leading magazines. This baby book should bring them new fame as humorists—with the word as well as with drawings.

Much common-sense advice can be derived from reading this little volume, although most of it is coated with comedy. An ideal place for the book would be the waiting room of obstetricians and general practitioners.

More About Psychiatry. By CARL BINGER, M. D. XIII and 201 pages. Cloth. University of Chicago Press. 1949. Price $4.00.

At a time when so many books on psychiatry are either highly technical, and extremely dull treatises—or are sensationalized "cure-alls" for the hypochondriacal "masses"—this book is a welcome relief. Explaining and interpreting psychiatry in an easily comprehensible, interesting manner, its main thesis is the necessity for recognizing the correlation between mental and physical illness. We may no longer treat sick people solely as bodies. Dr. Binger, while putting his point strongly, cannot be accused of overemphasis; and the result is a fine, well-integrated book.

The Weight of the Cross. By ROBERT O. BOWEN. 369 pages. Cloth. Knopf. New York. 1951. Price $3.50.

This is an excellent novel. From the standpoint of psychiatry objections could be raised to it, but this does not necessarily impair reading enjoyment. The central figure, Tom, opens the story in the psychiatric ward of a Manila hospital just prior to the outbreak of war with Japan. In the confusion following the attack, he and a friend escape, only to end up in a Japanese prisoner of war camp. The theme followed throughout is the idea of atonement for guilt, and the consequent breaking away from a psychotic pattern. The end of the novel finds Tom with a clear mind—reconciled with God and man. The reader finds it a bit difficult at times to accept the fact that Tom is psychotic, as the thought processes reported are far too clear and his insight too good. One gets the impression that the author is a far better writer than he is a student of psychiatric ideas.

Maternal Care and Mental Health. By J. BOWLBY, M. D. 178 pages. Paper. World Health Organization. Geneva. 1951. Price $2.00.

This is a study of the effect upon children of a lack of maternal care during early years, and of possible means of handling the problem. There is no strong effort apparent to tie conclusions to any theory, Freudian or otherwise, of infantile development. The importance of "theoretical problems" is fully recognized, but they are held to be outside the scope of this work. The author, taking a realistic attitude, believes the individual solution must be worked out in each individual case where there is a possible cause for the removal of the mother from the child. In many cases, the solution thus found will be merely the one least damaging to the child. The range of this monograph is wide, and it will amply repay the effort of reading it, for the information and ideas contained are applicable to a great many fields.

The Psychic Source Book. Alson J. Smith, editor. 442 pages including index. Cloth. Creative Age Press. New York. 1951. Price $4.50.

This is a serious work, introduced by Pitirim A. Sorokin and including comment from J. B. Rhine in addition to material written by him. It is intended, says the introduction to Part III, largely for "newcomers to parapsychology." It contains some excellent material and some which is obviously of much less worth. The compiler has gone to great pains to make suitable selections from the voluminous literature, but the fact that some of it is questionable is well known to the initiate, and still more will fail to impress the novice. The reviewer thinks the purpose and plan of this book to be excellent but that its actual content could have been vastly bettered. While a great deal of the material casts light on some of the more obscure workings of the human mind, it will require an informed and discriminating reader to sort the grain from the chaff in this volume.

Valley of Vision. By VARDIS FISHER. 426 pages. Cloth. Abelard Press. New York. 1951. Price $3.50.

This tale of King Solomon, of his ruthless attainment of power, of his marriages and of his people, is a psychological study with a psychoanalytic orientation, based on an enormous amount of historic research. As is usual, Vardis Fisher has created a vivid and believable character, a man whose life ended in futility, failure and frustration. Among the historical records which the author did not choose to believe, is the first Book of Kings. He will have none of the traditional splendor of Solomon's Jerusalem. That Jerusalem, Fisher thinks, was a squalid slum, the Chosen People still barbarians. This conclusion certainly is at variance with what we know of Babylon, Tyre and Sidon under Semitic conquerors akin to the Children of Israel. The Semites absorbed the civilizations they conquered rather easily. Furthermore, there are other reasons to believe that if the chronicle of Solomon in all his glory has been exaggerated considerably, Solomon's city was no mean place. Fisher's absorption with its unpleasant features will detract from the pleasure of reading his book for many who are not wholly uninformed historically.

Strangers on a Train. By PATRICIA HIGHSMITH. 299 pages. Cloth. Harper. New York. 1950. Price $2.75.

Patricia Highsmith's novel is based on an entirely believable chance contact on a train of a normal young man and a schizophrenic. There is considerable insight into the phenomena of schizophrenia, and the tale is developed with literary skill. The author, however, turns it into a story of *folie à deux* to the sacrifice of credibility and psychological reality. Strangely enough, this novel was made into a motion picture which—doubtless for the sake of a Hollywood happy ending—avoided the *folie à deux* pitfall and became not only psychologically credible but an achievement of considerable psychiatric merit in spite of a melodramatic conclusion. Since this is the first instance which has ever come to this reviewer's notice in which he believes the motion pictures have improved upon a book, he thinks it worth while to say so.

Personality and Political Crisis. Alfred Stanton and Stewart Perry, editors. 260 pages. Cloth. Free Press. Glencoe, Ill. 1951. Price $3.75.

Whether it is possible to relate the psychology of the individual to the psychology of the group, it is sure that interesting work will be done in the attempt. The present articles cannot be said to have great significance when the whole field is considered, but, in themselves, they are interesting and provocative. David M. Levy's testing and presentation of a basic environmental prerequisite for anti-Nazis in Germany is worthy of further study, and the general standard of the eight papers is very high.

Empirical Foundations of Psychology. By N. H. PRONKO and J. W. BOWLES, Jr. 452 pages. Cloth. Rinehart. New York. 1951. Price $3.75.

The authors, in collaboration with D. T. Herman, Harris Hill and John Becklew, Jr., have written, or, better, compiled, a book which will be easy reading for the college student in his first year of psychology. As its title indicates, it deals with a review and an interpretation of experimental and investigative methods of studying heredity and the behavioral characteristics of living. The authors quote extensively from numerous investigators.

Teachers who have held to the formulations that heredity is the foundation of behavior, intelligence, attention, emotion, feelings and personality will want to steer their students away from this book because one gains the impression that the authors' aims have been to disprove such theories.

The Home Nurse's Handbook. By LUCILLE GIDSEG, R. N., and DOROTHY SARA. 211 pages. Cloth. Wilfred Funk, Inc. New York. 1951. Price $2.95.

Numerous books of value on the subject of home nursing have been published, and others dealing with first aid are available. Here, in this one concise little volume there are helpful chapters on both these subjects, with even up-to-the-minute information on administering first aid in case of atom bomb explosion. The language throughout is simple and easily understood. This handbook might well be a part of the basic equipment of every household. This reviewer, however, would welcome a chapter on the emotional factors involved in home nursing, in the care of the ill child, the convalescent adult, the bedridden, the old. The smoothest sheets and the best hospital corners are no answers to juvenile restlessness, adult querulousness or the constant demands and complaints of senility; and a home nursing text which paid intelligent and adequate attention to these problems in addition to physical procedures would be a most welcome contribution to mental hygiene.

Les Glanes Des Jours. By MARIE BONAPARTE. 134 pages. Paper. Imago Publishing Co., Ltd. London. 1950. Price 9/—.

The French are fond of collected aphorisms; the bookstalls are full of them, from Pascal to Voltaire. Here is a collection from a brilliant contemporary psychoanalyst, fragmentary thoughts, gleanings of the day, on subjects commonplace and esoteric, from happiness to God and death. Many of these notes are more philosophic than psychoanalytic but, with the orientation in mind, this small volume would be something to be treasured as a desk book by anybody well-grounded in French and well-oriented in dynamic psychology.

Studies in Lobotomy. By MILTON GREENBLATT, M. D.; ROBERT ARNOT, M. D.; and HARRY C. SOLOMON, M. D. 495 pages. Cloth. Grune & Stratton. New York. 1950. Price $10.00.

This is a careful and exhaustive report on prefrontal lobotomy as practised at Boston Psychopathic Hospital. The authors review the literature, discuss the evolution of the surgical technique and follow the lobotomy patient with clinical, psychological and sociological studies in addition to a number of special investigations. The Boston operative procedure is the Poppen open technique in which, the report notes, the plane of section is localized in regard to cerebral, not skull, landmarks.

The book contains a useful summary by Drs. Greenblatt and Solomon, and an appendix covering 390 patients who can thus be followed individually through the book's various chapters. The record forms used are reproduced and there is an adequate index. Besides its use for strictly medical personnel, the wide range of material covered makes this book a valuable reference work for all those in the non-medical disciplines having to do with psychosurgical patients.

Harvey Cushing, Surgeon, Author, Artist. By ELIZABETH THOMSON. 324 pages. Cloth. Henry Schuman. New York. 1950. Price $4.00.

In this book, Miss Thomson certainly does justice to one of the world's great scientists. Her report gives the reader a first-hand account of the type of man Harvey Cushing was and of the very conservative life he led. She has caught, besides his restless spirit, something of the great personal charm which made him beloved by patients and friends all over the world. His example of devotion to neurological surgery and its problems makes the record of his accomplishments a source of inspiration to students and active practitioners alike. His biography of the great physician, Sir William Osler, is but another demonstration of his talents. Miss Thomson includes practically every phase of Dr. Cushing's life in this book. She has written it with the general reader in mind, a fact which makes it a most interesting biography.

The Selected Letters of William Cowper. Mark Van Doren, editor. xiv and 306 pages. Cloth. Farrar, Straus and Young. New York. 1951. Price $3.50.

All of the letters in this collection have been reproduced intact, with no attempt to gloss over the profound misery that was so integral a part of William Cowper's life. Despite an outward cheerfulness, he constantly suffered intensely—believing that he had been deserted by God. On four separate occasions he had to be hospitalized for his mental condition. A great deal can be learned of his thoughts from this collection of letters, as, in them, he displays a great degree of frankness.

Mental Health Through Will-Training. A System of Self-Help in Psychotherapy as Practiced by Recovery, Incorporated. By ABRAHAM A. Low, M. D. 393 pages. Cloth. Christopher Publishing House. Boston. 1950. Price $5.00.

Since 1933 the author, associate professor of psychiatry, University of Illinois Medical School, and founder of Recovery, Incorporated, has been developing his own system of group psychotherapy. According to his statements he has had a large participating group of ex-psychotics and psychoneurotics and has attained better results by his methods than are obtained by those who have applied psychoanalytic methods.

The first few pages of the book describe the foundation of Recovery, Incorporated, the methods used and the terminology applied. The remainder records group therapy sessions and the principal methods by which one's thinking "sabotages" one's reasoning.

To many psychiatrists, this book will at first seem unimportant because it uses different words from those to which the average psychiatrist is accustomed. But what difference do words make if mentally ill persons feel better? Language depends upon how well one understands it and its application. Personalities of leaders are important too.

Psychology and Its Bearing on Education. By C. W. VALENTINE. 659 pages. Cloth. Philosophical Library. New York. 1951. Price $6.00.

The author is professor of education at the University of Birmingham, England. It would seem inevitable that his chosen field should greatly influence the style of all his works. Consequently, when he writes about psychology, one would expect his writing to be oriented from the standpoint of education, and so this book is. Unfortunately, it is so preoccupied with good educational practice that it is psychologically naïve. It further has the disadvantage of tending to be so consistent as to become dogmatic. At times, one feels that it might have some use at the high school level. But even here, it thwarts itself by its vocabulary level, and its technical references.

The reviewer feels that there must be books better qualified to fulfill the needs of educational psychology.

Children Absent from School. II and 116 pages. Paper. Citizens' Committee on Children of New York City. 1949. Price $1.00.

This report and the suggested program regarding school absences hold that delinquency must be regarded as an end-product of other causes and treated as such. The report found that the Bureau of Attendance was not equipped to do the type of counseling often needed, nor was it equipped to make referrals easily to casework agencies. A greater orientation to mental hygiene on all levels was a necessity, and greater attention had to be paid to the reasons behind school absences, rather than to just the statistics.

A Treasury of Western Folklore. B. A. Botkin, editor. 806 pages including index. Cloth. Crown. New York. 1951. Price $4.00.

This is a fine, representative and completely unwieldy collection of stories and traditions of the American Wild West. The subjects range from Kit Carson to Gene Autry and a good deal of the material is in the form of excellent selections from fiction, autobiography and travel. Of considerable interest to the student of human behavior is the collection of tall tales, by which the American of an earlier generation sought to overcome what is miscalled an inferiority complex, and a representative collection of Mormon, Indian and Spanish legends. The little chap who turned out to be bigger than Dad is exemplified in scores of stories ranging from the "Sissy from Anaconda" to Pedro Urdemalas, who seems to have been a sort of Puck of the Southwest. Paul Bunyan is well represented as an oilman but notably missing as a woodsman. Notably missing also are Richard Henry Dana Jr.'s views of early California and an adequate treatment of gallows humor. The book nevertheless is splendid material for foundation study of America's folkways.

Sex and the Law. By Morris Ploscowe. 299 pages plus index. Cloth. Prentice-Hall. New York. 1951. Price $3.95.

In this volume Ploscowe considers the stand of the law in regard to marriage, divorce, rape, homosexuality, psychopathic sex offenders, prostitution, etc. The book is well written with interesting case examples of the points under discussion.

With the last chapter, the author considers ways in which our laws may be modified or changed to deal more effectively with deviations of a sexual nature in our society. It is good that Ploscowe is equipped to handle such a vast topic in an intelligent, non-hysterical and psychiatrically-oriented manner without losing faith—for the reader (in an acute anxiety state, having been brought up to respect the law) will have long since lost all hope that any good can come out of such a variable, outmoded, absurd, at times outrageous, and generally idiotic, set of rules to govern human conduct.

Abraham Levinson Anniversary Volume. Studies in Pediatrics and Medical History. xviii and 365 pages. Cloth. Froben Press. New York. 1949. Price $6.00.

This volume was brought out in honor of Abraham Levinson's sixtieth birthday. The greater number of the papers deal with various phases of pediatrics, both from internal medical and psychiatric viewpoints, while the last few go into medical history—the two fields where Dr. Levinson did his work. Many of the papers tend to be summaries rather than original research, and seem to have been written for the occasion rather than being motivated by any general interest.

Allergy: Facts and Fancies. By SAMUEL M. FEINBERG, M. D. 173 pages. Cloth. Harper. New York. 1951. Price $2.50.

In this book the author presents a brief exposition of the major aspects of allergy, written for the lay person, with a view to helping the sufferer from allergic disease understand his condition, and making him better able to co-operate with his physician. The book is calculated to be of importance also to the family of the allergic patient, as well as to educators, public health personnel, social workers, employers, and other persons dealing with the allergic individual, by helping them to understand his special problem and to help him in his management of his disease. Diagnostic and therapeutic methods are discussed sufficiently to give a clear concept of allergic disease management today, with the purposeful omission of specific directions for treatment—reserving this for the patient's own physician for the sake of safety. The book is written clearly and simply, and should be valuable in contributing to a better general understanding of allergic disease.

The Concept of Mind. By GILBERT RYLE. 334 pages. Cloth. Barnes & Noble. New York. 1949 (in Great Britain). Price $3.00.

In *The Concept of Mind*, Gilbert Ryle argues the thesis that the distinction between philosophy and psychology, in its Cartesian form, cannot be sustained logically, despite the long-standing viewpoint held concerning the inner and outer world of man's living. Professor Ryle discusses the nature of knowledge and of "mental acts" in this treatise, and presents what may with reservations be described as a theory of the mind. A psychology then emerges from Ryle's treatment of mind; and the philosophical arguments which constitute *The Concept of Mind* are intended, apparently, not to increase what we already know about minds, but to rectify the logical geography of the knowledge which we already possess. Accordingly, the author in some 10 chapters deals with the Descartes myth, the will, emotion, self-knowledge, sensation and observation, imagination, and the intellect. Although the tone of the book is polemical, the writing in its exactness is accurate; the thinking is clear; the argument is forthright, however speculative; and the book is to be recommended for its contribution to the metaphysics and psychology of the mind of man.

Marriage and the Jewish Tradition. Stanley R. Brav, editor. 209 pages. Cloth. Philosophical Library. New York. 1951. Price $3.75.

A symposium on the religious basis of marriage, conducted by 15 Jewish religious leaders. The sermons are impressive, the quotations from the Talmud interesting. Psychiatric problems are not included, except a few polemic hints at Freudianism.

Inferiority Feelings. By OLIVER BRACHFELD. 301 pages. Cloth. Grune & Stratton. New York. 1951. Price $4.00.

This work traces the history of the inferiority concept from Montaigne, through Adler, to the present time. Trying to limit the vague and not too useful term, "inferiority complex," the author considers this mechanism from a psycho-social point of view.

The book is not easily read. Extensive documentation disturbs the continuity; and many needless examples are offered, primarily from literature, which detract from a subject matter that could be more intensely and scientifically pursued. Many of the topics, this reviewer believes, were superficially handled with the result of an inadequate piece of work. Psychoneuroses, delinquency and crime, and psychosis are considered under the chapter heading "Major Forms of the Inferiority Complex." By such an implication the writer apparently intends one to believe that the inferiority complex might well be considered the causative factor for these deviations. Under the "Explanation of Homosexuality," Marlowe's "Edward II" is quoted, "The Two Noble Kinsmen" is quoted and the "timid Amiel" and "bold Don Juan" types are discussed, but no explanation" is found, nor is even the psychoanalytic theory hashed over. In short, the volume is of limited importance to the professional worker, and of doubtful interest to the layman.

The Sex Habits of American Women. By FRITZ WITTELS and HERBERT C. ROSENTHAL. 187 pages. Paper. Eton Books, Inc. New York. 1951. Price 25 cents.

Dr. Wittels, who recently died at the age of 70, was a distinguished psychoanalyst of great achievement, and a kind, friendly, helpful person. His posthumously published paper book for mass consumption, is like its author, kind, friendly, helpful. Unfortunately, the attempt at simplification goes too far, and many important topics are too optimistically presented, e. g., the pre-Oedipal phase, more or less omitted, is rather idyllically described; the chapters on frigidity and Lesbianism are slightly antiquated. Still, the general impression is one of kind benevolence.

I'm Telling You Kids for the Last Time. By PARKE CUMMINGS. 172 pages. Cloth. Schuman. New York. 1951. Price $2.75.

Parke Cummings is a humorist and sports writer who works at home, and he sees more of his children, both as little angels and little demons, than do most fathers. This is a humorous view of the Cummings' small fry and/or their friends. As this reviewer sees it, this book is from the pro-child point of view and would be good mental hygiene reading for almost any parent. The humor is of not too raucous a type and the book has considerable value in correlating behavior patterns with age.

Probation and Parole. By DAVID DRESSLER, Ph.D. 228 pages. Cloth. Columbia University Press. New York. 1951. Price $3.25.

Dr. Dressler's professional life has been occupied by the study and teaching of social work, pertaining particularly to probation and parole supervision. He is now editor of SAGA magazine.

He prefers not to call this book a textbook, or a manual, but a "rationale of probation and parole." Just how it is to be classified is unimportant. However, one can say that the author has placed in a single volume the salient facts relative to the philosophy, the fundamentals, the administration and the objectives of casework in the fields of probation and parole.

Dr. Dressler takes a sensible and broad view relative to the causation and the motivation of criminal behavior. He believes that prediction tables have value but that they do not replace honest and tedious casework. He holds that rules and regulations during probation or parole periods are very important but are of little use if the probation or parole officer "muffs" his technique. He warns against the authoritarian attitude and lays down methods of proper orientation for counseling the parolee or probationer. He feels that the person trained only in the fundamentals of social work becomes a better probation or parole officer than the person trained only in the fundamentals of law enforcement procedures.

These are only a few of the opinions which Dr. Dressler has given in his well-organized and very practical book—a book which should be read by all caseworkers, law enforcement officers, lawyers and judges.

You're Human, Too! By ADELE STREESEMAN, M. D. 206 pages. Cloth. Coward-McCann. New York. 1950. Price $3.00.

Apparently, the author of this book gave it a popular title to attract the average person to whom her ideas apply. In the chapters where the author has followed her theme, "You're Human, Too," if you have neurotic symptoms, if you have thoughts of suicide or even murder, if you dream, etc., she does a fine bit of writing. She has a good style of writing, gives many graphic examples and uses few technical phrases. Her book discusses, also, hypocrisy, promiscuity, homosexuality, stuttering, alcoholism, gambling, the genius, the politician; but, in writing of these subjects, she tends to leave her theme and become too involved in psychoanalytic explanations.

The Adolescent. By M. F. FARNHAM, M. D. 237 pages. Cloth. Harper. New York. 1951. Price $3.00.

This is a well-meaning, friendly, popular description of adolescence. This popularization sacrifices too much: e. g. the whole pre-Oedipal phase is omitted, the so-frequent psychic-masochistic elaboration not stressed. On the other hand, some parents will doubt the inevitability of sexual relations in puberty ("the later part of adolescence probably brings with it the need for parental acceptance of premarital sexual relations." P. 135).

Psychological Theory. Melvin H. Marx, editor. 585 pages. Cloth. Macmillan. New York. 1951. Price $5.00.

This scholarly work is of considerable interest to the advanced undergraduate and graduate student in psychology. Divided into two parts, it is concerned first with "a collection of recent papers on problems of scientific theory construction" and also "an anthology of representative writings from the most prominent contemporary psychological theorists." An excellent introductory paper concerned with the "General Nature of Theory Construction" by Marx, is followed by S. S. Stevens' penetrating inquiry into, and general discussion of, operationism and logical positivism. Contributors to the volume are all outstanding men and a glance at the contents reminds one of a "Who's Who" in psychology.

The reviewer would have liked an easy reference list of theories discussed, and terms of methodology employed—with concise but adequate definitions. A prerequisite to finding this book of interest would be a good working knowledge of the history of psychology, modern "schools" of psychology and experimental procedure, as well as a more than nodding acquaintance with academic psychology and the outstanding contributors to these various areas.

The Age of Longing. By Arthur Koestler. 362 pages. Cloth. Macmillan. New York. 1951. Price $3.50.

The threat of international Communism is treated here in an interesting manner. The scene is France in the near future, with fictional situations resembling current political events. The search for faith, in an absolute, motivates a wealthy and educated American girl to have an affair with an agent of a revolutionary nation, whose faith in the future is unshakable. Through the medium of intellectual debates among the characters, the dilemma of our time is presented: whether it is better to suffer the pains of insecurity for the sake of individual freedom, or to gain the feeling of security by having absolute faith in a specific cause and working toward its realization. As in *Darkness at Noon*, social evolution seems to take its natural course, leaving mankind to grope in the dark as best it can.

The Face of Innocence. By William Sansom. 253 pages. Cloth. Harcourt, Brace. New York. 1951. Price $3.00.

The central character of this story is a girl of limited experiences who, to overcome the shortcomings of her own life, is a pathological liar. There is something of an attempt to explore her motives and thought, but it is not for this that the book will be remembered or read. It is as a completely absorbing and fascinating story, which never reaches a point of excitement, yet never allows interest to falter, that the book scores a success. The characters are portrayed as human beings, and not as stereotypes.

A Pattern for Hospital Care. Final Report of the New York State Hospital Study. By ELI GINZBERG. XXIV and 368 pages. Cloth. Columbia University Press. New York. 1949. Price $4.50.

Eli Ginzberg and his associates survey the present state of hospital care in New York State and give a blueprint for future development. The chief value of the book may be in the provision of a basis for forming one's own opinions rather than in providing a pattern which is acceptable *in toto*. A number of controversial stands have been taken.

The group holds that a goal of 85 per cent of the population of New York State should be set for the voluntary health insurance plans. It further holds that if this goal is not reached within five years the state should institute compulsory health insurance.

In the psychiatric field, a decrease has been noted in the new hospital admissions of persons with general paresis and the manic-depressive psychoses, while admissions with the senile psychoses and dementia præcox have increased. There is no reason to expect the trend toward increasing numbers of persons requiring hospitalization to cease, and this will bring with it a demand for further building. It is the opinion of the group that this building should be concentrated in the major cities so that qualified psychiatric personnel will be available. In discussing family care plans, a dim view is held of the situation. Among other things, they argue against any great extension of the plans because they will remove people from their relatives, when—in fact—one of the chief reasons for family care plans is the fact that many people are hospitalized because they do not have families who could provide the attention they need.

Moira. By JULIAN GREEN. Translated from the French by Denise Folliot. 200 pages. Cloth. Macmillan. New York. 1951. Price $3.00.

At the age of 18, Joseph Day came out of the Southern hills to the University. From an extreme Puritanical background, he brought the conviction that the flesh with its needs was evil. He, who had always wanted to be an angel, convinced that he was saved, now wanted to save other men's souls. As a result of a trick by his annoyed fellow students, and then of succumbing to his temptations, tragedy was inevitable.

Joseph Day is fully realized as an individual with understandable motivations and is a psychologically-sound delineation of a personality. The other characters are mere shadows. Even Moira, the instrument of his downfall, remains unreal. The author overemphasizes surface appearances, rather than inner motivations. The conversations do not sound plausible. Perhaps the author's French and Southern-American-university background account for the style and material.

Although the literary style is good, the pace swift and the story interesting, a more idiomatic English translation would have helped.

The Neuroses, Diagnosis and Management of Functional Disorders and Minor Psychoses. By WALTER C. ALVAREZ, M. D. 617 pages. Cloth. Saunders. Philadelphia. 1951. Price $10.00.

It is a pleasure to pick up this book, which is easy, interesting reading. It contains numerous observations made by a doctor of wide experience and a man with humane understanding. His work may be criticized because he has not had formal psychiatric training, because his book is not cloaked with psychiatric terms, and because his book is not scientific in a psychiatric sense. However, the doctor who neglects or who refuses to read it will be sacrificing the knowledge of plain, kindly advice and will miss fundamentals of the art of medical therapy. In his preface, Dr. Alvarez admits defects in this volume, but he has felt "the ideal book on neuroses for a non-psychiatrist would have to be written by a fellow-non-psychiatrist."

Dr. Alvarez divides his book into six parts and tells of the need of recognizing the power of mind over body; the simple ways of recognizing the neuroses and psychoses; the causes of mental illness; the types of personality and syndromes associated with these types; the psychosomatic problems seen by various medical specialists and the methods of tactfully handling the nervous patient. There are also appendices listing mental hygiene societies and authorities and commitment procedures. Finally, the book contains a large bibliography and a complete index.

Existentialism. By PAUL FOULQUIÉ. (Translated by Kathleen Raine.) 124 pages. Cloth. Roy Publishers. New York. 1950. Price $2.50.

Paul Foulquié adds to the growing literature on *Existentialism,* with a little book so entitled, translated remarkably well by Kathleen Raine. The author very neatly writes on "essentialism" from three aspects: theological essentialism, conceptualist essentialism, and phenomenological essentialism. Then he analyzes existentialist philosophy again in three ways: existentialism in general, atheist existentialism, and Christian existentialism. M. Foulquié concludes with an interpretation of "an essentialist existentialist," the thinking of Louis Lavelle. The author strives to present accurately the basic tenets of his time, and writes in terms acceptable to the average educated mind. This little book is fairly well-documented, and the author is scrupulous in outlook, presenting existentialism as a theory that affirms the primacy, or priority, of existence "in relation to essence." According to the author, existentialism recognizes only one value: that of the personal choice by which we determine to be ourselves and not a pale imitation of another person, the product of an environment. *Existentialism,* then, in its succinctness as expressed by M. Foulquié, is a pithy and sufficiently honest appraisal of the philosophy professed by Husserl, Heidegger, Kierkegaard, Marcel, Lavelle, Sartre, and others.

Your Best Friends Are Your Children. A Guide to Enjoying Parenthood. By AGNES E. BENEDICT and ADELE FRANKLIN. ix and 317 pages. Cloth. Appleton-Century-Crofts. New York. 1951. Price $3.00.

In a world beset with clanging iron curtains and atomic explosions, a book like *Your Best Friends Are Your Children* is certainly timely and provocative. The Misses Benedict and Franklin author this one with fluency and some depth. They know, certainly, what they want to say, and express themselves, unhesitatingly. This is a literary virtue—in the light of contemporary trends in educational books which are oftentimes very confused and confusing. The authors have substantial grounding in interpreting rightly family relations and the pervasive impact of such relations on children's lives. Somewhat philosophically, yet realistically, this guide to enjoying parenthood deals with comradeship in living, the matter of obedience, the child's school interests, the child's friends. The suggested reading list in the book—on the family and child, psychiatry and mental health, religion, and human relations—should prove helpful to parents interested in selected references in the field. The abundance of illustrative material should aid reasonably well-adjusted parents to enjoy a happy, well-balanced companionship with their children.

The Meaning of Life. By JOSHUA LOTH LIEBMAN. 15 pages. Paper. Hebrew Union College-Jewish Institute of Religion. Cincinnati, Ohio. 1950. Price 50 cents.

In a posthumous essay, the author of *Piece of Mind,* Rabbi Joshua Loth Liebman, writes in monograph format on *The Meaning of Life.* Dr. Liebman bases his optimistic view of life on his religious faith and his understanding of the mind-process and emotional structure of man. The author asks that man recognize at long last his perennial task to strive for relatedness to God. The most successful life, Dr. Liebman insists in this prophetic and quiet little brochure on living, is the life that leaves behind a pattern of creativity, of a profound religious confidence and emotional clarity, plus an ethical commitment. The author in his brief lifetime successfully fulfilled his own philosophy.

The Golden Sequence. By E. M. ALMEDINGEN. 252 pages. Cloth. Westminster. Philadelphia. 1949. Price $3.00.

As a novel this is a failure. The attempt to portray the universality of man's emotions has miscarried, and instead of a simple story of spiritual gain reached through suffering, the reader constantly feels he is reading a parable, and not a particularly well-executed parable. There are some brighter spots, as it must be said that the scholarship is sound; and in certain passages reading interest is kept at a high level; this does not, however, change the over-all picture.

Predicting Adjustment in Marriage. By HARVEY J. LOCKE. 392 pages. Cloth. Holt. New York. 1951. Price $3.50.

Twelve years of work and 929 persons interviewed have resulted in devising a test of psychiatrically dubious value. Although a series of improvements—compared with even more naïve sociological tests—was achieved, e. g., a cross-section of a county, as used, is more representative than university students or volunteers, the whole approach is psychiatrically full of fallacies. To note but two: The term, neurosis, is not even included in the index, and the consequences of omissions in the text can be easily imagined; moreover, the study compares marriages ended in divorce with happy marriages. The latter were ascertained by the judgment of relatives, friends and acquaintances. Running after this *rara avis,* happy marriage, by hearsay is certainly a dubious exercise. In short, a good many good intentions and labor were unproductively applied: Without psychiatric knowledge and psychiatric methods, all these tests and statistics are practically meaningless. True enough, the 108 questions submitted contain questions about sex; it requires, however great naïvété to believe that direct answers (even if truthful) are a direct indicator of unconscious truth.

An Introduction to Child Study. By RUTH STRANG. xi and 705 pages. Cloth. Macmillan. New York. 1951. Price $4.75.

This text covers the entire development of the child, from prenatal influences through adolescence. The sources of information used are reliable and complete regarding development, except that the role of psychiatry is ignored. The Freudian theory of infantile sexuality is not even mentioned, nor are the works of other major figures in the psychoanalytic school included. What mention there is of psychiatry limits its usefulness to the child who is obviously badly maladjusted. This reviewer feels that the lack of recognition of the psychoanalytic school definitely impairs the value of this book. It is not expected of a writer that he agree with the Freudian theories, or that he put any particular stress on them, but for a book as comprehensive as this one to virtually ignore them, is inexcusable.

The World of Emma Lazarus. By H. E. JACOB. 222 pages. Cloth. Schocken. New York. 1949. Price $3.00.

This book, written in a somewhat romanticized form, is the first biography of the poet, Emma Lazarus. Her extreme father-fixation and its effect upon her life and thought are covered thoroughly, as is the transference of her feelings for her father to Emerson. The later crusading spirit that drove her to support with all her efforts the welfare of the Jewish people is also tied in, though in a lesser degree, to her emotional development.

The Graphologist's Alphabet. By ERIC SINGER. 118 pages. Cloth. Philosophical Library. New York. 1951. Price $3.75.

The Graphologist's Alphabet is a companion to the previously published *Graphology for Everyone* and considers the "Different Meanings of General Writing Trends," the first and last letters in a word and the entire alphabet from an interpretive point of view. Small drawings are used throughout, the better to illustrate and to help in memorizing the meanings of various deviations in writing.

This book has little in common with the scientific analysis of handwriting. Although graphology has been slow in coming to this country, most psychologists today would accept the assumption that handwriting is an expression of personality and that variations in handwriting are the resultant of variations in personality. It is, however, in the measurement and validation of these "variations" that the difficulty is encountered. It is noted that to Singer these difficulties pose no problems; and, although his work may not find a place in psychology, it is expected that it will be at home among palm readers and tea cup artists.

Fabulous Beasts. By PETER LUM. Illustrations by Anne Marie Jauss. 256 pages. Cloth. Pantheon. New York. 1951. Price $3.75.

This is a fascinating collection of brief essays and drawings of such fabulous animals as the basilisk, the senmurv and the gryphon, the unicorn, the salamander, the dragon, the hippogriff, the sphynx and the phoenix. Peter Lum's notes are brilliant and Anne Marie Jauss' illustrations, based on extensive research, are no less than inspired. This is a useful work and very pleasant reading for anybody interested in traditional or psychopathological animal symbolism. The legendary material is handled adequately but there is little discussion of psychological origins, even in such obvious cases as the unicorn. One presumes that the reader interested in origins can find further research material in the not extensive but well-chosen bibliography.

World Tension. George W. Kisker, editor. x and 324 pages. Cloth. Prentice-Hall. New York. 1951. Price $5.00.

In collecting articles from men in 21 countries on the causative factors in international tension, differences in opinion and outlook were to be expected and are desirable. Unfortunately, spokesmen for the "Iron Curtain" countries are absent; the other views represented constitute all shades of political thought. By placing these varying ideas in one book, it is to be hoped that a perspective may be gained by some readers on the hopes and fears that make up "international neuroses."

Learning Theory and Personality Dynamics. Selected Papers. By O. HOBART MOWRER, Ph.D. 726 pages. Cloth. Roland Press. New York. 1950. Price $7.50.

The author, research professor of psychology at the University of Illinois, is well known as a writer on psychology. He has attempted, in research, to bridge the gap between experimental and clinical psychology.

Here, he records many papers and monographs which have been already published, and eight new papers as well. Some pertain to laboratory studies relating to the psychology of fear and the functions of learning, insight and thinking, while others are clinical studies. In his earlier papers the author shows that he was very much in accord with psychoanalytic theory, but his later articles express criticisms of Freudian psychology; and he admits that this book shows the gradual change of his thinking away from that of a member of a psychological school or a disciple to that of an independent seeker of reasons behind personality dynamics. Professor Mowrer agrees with Freud's statement that anxiety is "the fundamental phenomenon and the central problem of neurosis," but he tries to analyze anxiety in what he appears to feel is a less formal, less dogmatic manner. The author states ". . . neurosis is not to be explained solely in terms of the complexity of environmental stresses, or solely in terms of the subject's innate ability, or, indeed, even by a combination of these two variables. The X-factor which is needed to complete the equation is one which, as process, is appropriately termed socialization and which, as end product, is known as character. Here the interplay between the two basic forms of learning—between reward learning and conditioning, between love and discipline; between self-indulgence and self-restraint—seems to be critical; but we are only now beginning to see how to formulate significant experimental problems in this area."

In substance, although Dr. Mowrer's book involves a good deal of repetition and a lot of reading, it expresses a new trend toward explaining the basic causes and dynamics of the neuroses.

The Marriage Guide. By SAMUEL G. and ESTHER B. KLING. 308 pages. Cloth. Prentice-Hall. New York. 1950. Price $2.95.

Here is a friendly, well-meaning, common-sense advice book by two syndicated columnists. The unavoidable result is either under-estimation of neurotic difficulties, or the presenting of neurotic conflicts as capable of repair by conscious means. One gathers the impression that the Klings' column is in the process of using more unconscious material; traces of it are visible in Part III of this book, not, however, in the preceding 249 pages. To prove the point, one could adduce numerous examples; it suffices to point out that overstressing of common sense in marital troubles may—involuntarily—produce, in the layman, a misleading impression.

The Attitude Theory of Emotion. By NINA BULL. 148 pages plus bibliography and index. Cloth. Nervous and Mental Disease Monograph. New York. 1951. Price $6.00.

This new theory of emotion is an extension of the James-Lange (peripheral) theory, differing primarily in the introduction of a preparatory motor attitude. No attempt is made to define emotion, rather, it is considered in terms of process. The author states that "The theory of attitude here presented is inseparable from the theory of emotion presented. . . . Hence: the attitude theory of emotion. The new factor basic to this theory is the separation of the course of action into two phases, preparatory and consummatory, and the linkage of feeling—in its various forms and its further elaborations—with the preparatory phase of motor attitude."

The book is well written with experimental evidence in the form of hypnotically-suggested emotional responses. Although fault may be found with the experimental approach, the presentation of the theoretical orientation is excellent. This reviewer feels that a needed contribution has been made and it is hoped that more work will be done in what may be considered as an ill-defined and elusive area.

The Public Health Nurse and Her Patient. By RUTH GILBERT, R. N. 348 pages. Cloth. Harvard University Press. Cambridge. 1951. Price $3.75.

While designed for public health nurses, this book has a very wide scope, and will be found valuable by many people in allied fields. The emphasis throughout is upon the patient as a person and not as simply a body to be tended, and there is a complete realization that the environment is fully as much the duty of the nurse as the patient himself. Theory is not here of primary concern, but an unusually fine job has been done in fitting the theory into practice and bringing about a realization of its pertinence to everyday occurrences. This reviewer believes that this book will be found useful by anyone connected with public health, and that many may consider it practically indispensable.

The Health of the Mind. By J. R. REES, M. D. 204 pages plus index. Cloth. Norton. New York. 1951. Price $2.75.

Rees' work is directed at the layman and is simply written with fairly good illustrative material. The author is concerned first with giving the background, such as "The Physical Machine," "Psychological Mechanisms," etc., leading up to "Mental Breakdown: Its Cause and Cure." The rest of the book is devoted primarily to educational problems. As mentioned, this is written for the average reader and is of little use to the professional worker. A possible criticism may be directed at the oversimplification and schematic presentation of a subject matter which does not readily lend itself to such treatment.

Speech Therapy for the Physically Handicapped. By SARA STINCHFIELD HAWK. Cloth. 245 pages. Stanford University Press. Stanford, Calif. 1950. Price $4.00.

The recent drive to aid the cerebral palsied child underlines the need for help to all speech defectives. Each day new contributions of research confirm our knowledge that successful therapy for the speech defective must include the psychological and psychiatric as well as the physiological therapies. Surgical correction of physical factors underlying speech disorders is not enough. Both the clinic and home must do a speech re-education job if the handicapped individual is to be an asset instead of a liability to his community.

That speech defects are closely interwoven with other handicaps, Dr. Hawk proves by citing the fact that in institutions for children with visual and auditory handicaps the incidence of speech defects sometimes runs to 50 per cent *or more.*

Her book begins by emphasizing the etiological factors underlying speech defects . . . then gives speech therapies that are co-ordinated with vocal, or tone, and body, or gesture, language. Carefully graded and detailed exercises that will be helpful in the classroom or the clinic are given as well as speech measurement rating sheets, articulation tests, suggestions for the family and an appendix on "Personality Measurement and Vocational Guidance." Dr. Hawk believes with W. S. Sadler that rehabilitation for psychoneurotic and psychotic individuals must involve: the ability to face reality honestly and without fear; cultivation of social outlets and the ability to recognize and re-direct one's neurotic tendencies into safe channels.

In the reviewer's opinion Dr. Hawk's bibliography of books, special articles and speech correction periodicals is worth the price of her book.

How to Develop Your Thinking Ability. By KENNETH S. KEYES, Jr. 246 pages. Cloth. McGraw-Hill. New York. 1950. Price $3.50.

Keyes presents an effective, easy-to-understand method for developing capacity for clear thinking. The first 10 chapters explain the author's system, in which the underlying approach is patterned on Korzybski's theory of general semantics. The author has refrained from a dry discussion of technical points, presenting his principles in an easily understandable manner. The last five chapters show how his method can help in "getting along better with other people, building a happier marriage, being successful in business."

This text is most entertaining as well as instructive. The author includes numerous fascinating stories and anecdotes. The 81 full-page cartoons by Ted Key, feature cartoonist of *The Saturday Evening Post,* are outstanding.

Mental Hygiene. By LESTER D. CROW, Ph. D., and ALICE CROW, Ph.D. 410 pages. Cloth. McGraw-Hill. New York. 1951. Price $4.50.

No person in the field of education should fail to read a book of fundamentals like this one. Its subject matter becomes increasingly important to the welfare and the happiness of the nation's junior Americans. Its material will help make teachers better molders of characters and will help make better characters of the teachers. A person must understand emotional life if one is to teach efficiently. Junior Americans are entitled to this consideration.

The book is a second edition with a new name. It first was called *Mental Hygiene in School and Home Life*, but it has been revised, expanded and largely re-written. It replaces the former edition in the McGraw-Hill Series in Education.

Part I defines mental hygiene and tells of the development of the mental hygiene approach. It describes emotions, conflicts and mental mechanisms.

Part II tells of the social and educational adjustment problems met by the individual from the pre-school period through adulthood, as well as adjustment problems encountered by the physically and/or mentally handicapped.

Part III is directed to the teacher. It tells the teacher about his or her own emotional life and about how the teacher must learn to adjust to, and properly supervise, student reactions. It describes the techniques of evaluating and of controlling student misconduct.

Part IV advises as to methods of achieving emotional adjustments in family life, in occupation and in the community.

Part V briefly describes the nature, the causes, the symptoms and treatment of mental illnesses.

In addition to all this the book has a section, "Visual Aids," in which is listed numerous motion picture films depicting emotional ills and adjustments, the producers or distributors of the films, the running time, etc.

Depth Psychology, Morality and Alcoholism. By JOHN C. FORD, S. J. 88 pages. Paper. Weston College. Weston, Mass. Price $1.00.

This pamphlet is divided into two parts, the first being an exploration by the author of Freudian psychology. In it he states that the Freudian theories, while not necessarily incorrect, are still not proved and must be considered with reserve. In the second section the question of alcoholism and morality, from the standpoint of the Roman Catholic Church, is considered. The question is held to be one that must be treated on an individual basis, due to the fact that responsibility for the condition may either rest with the person himself or that his state may be involuntary on his part.

Social Pathology. A Systematic Approach to the Theory of Sociopathic Behavior. By EDWIN M. LEMERT. 443 pages. Cloth. McGraw-Hill. New York. 1951. Price $4.50.

In this book, the author acquaints the reader with a theory or method of analyzing and studying sociopathic behavior. He criticizes the older methods of investigation, those limiting behavior to classifications into "good or bad," or condemning behavior simply because it seemed bad according to moralistic standards. He criticizes the biological, the psychological and the psychiatric approaches to the study of social pathology. To call a crime a psychopathic act in every circumstance would be incorrect, according to the author. He holds that sociopathic behavior must be analyzed in respect to who committed the act or behavior, and under what circumstances. Society's disapproval or approval varies, he notes, when the same social pathology is shown by different persons; and social organization classifies behavioral deviations differently as circumstances differ. In other words, if a banker accepts for deposit money which he knows was obtained dishonestly by another person, the banker is not visualized by society as dishonest. Also, according to common thinking, sexual promiscuity is not immoral if it is carried out in a discreet manner. The author thinks that society observes behavior in retrospect, that it ignores so-called normal behavior, and that "deviations are eventful, provocative and sometimes menacing to the rights and privileges of others" only after they happen or are visualized by society.

The remaining three-fourths of the book consider various kinds of sociopathic behavior, i. e., blindness and the blind, speech defects, radicalism, prostitution, crime, chronic alcoholism and mental disorders. Each of these is analyzed with respect to nature, extent and differentiation, context, social visibility, societal reactions and controlling factors.

Last, the book contains an outline for case history study of the socially deviant and a glossary defining words and phrases used by the author.

The book belongs to the "McGraw-Hill Series in Sociology and Anthropology."

Your Body. How to Keep It Healthy. By JOHN TEBBELS. 233 pages. Cloth. Harper. New York. 1951. Price $2.95.

This is a book written for the layman, containing information and advice about common health problems. In general, it is accurate, up to date, with many sensible suggestions regarding physical and mental health. It properly discredits many of the misconceptions held by the public about common disease states, their cause, significance and treatment. This book can do much to enable the layman to view such health problems in their proper perspective.

Values and Personality. An Existential Psychology of Crisis. By WERNER WOLFF. x and 239 pages. Cloth. Grune & Stratton. New York. 1950. Price $4.75.

Dr. Werner Wolff, who has done considerable writing in the fields of experimental depth psychology and ethno-psychology, is the author of a fascinating treatise entitled *Values and Personality: An Existential Psychology of Crisis.* The book is divided into sections on the theory of existential psychology (one of the clearest expositions yet on the subject), the existential neurosis of a man (somewhat fuzzy), existential problems in therapy (sound treatment, but not sufficiently clarified), and the existential neurosis of a woman (interesting and constructive in its provocativeness).

The author's approach centers around the value system of the individual and leads to what Dr. Wolff calls "a psychology of values." The crisis of personality, according to the author, should consider all factors: philosophical implications, cultural aspects, sociological consequences, psychological impact. Dr. Wolff arranges his book in novel format when he deals with the application of the psychology of values in the realm of therapy, by giving verbatim records of two series of therapeutic sessions. Through reliving the crisis that threatens his total personality organization, in the therapeutic sessions, the subject musters his creative resources, turns outward, challenges his environment and finds what Dr. Wolff labels "a new existential target." The excellent glossary and extensive bibliography add much to the general worthwhileness of *Values and Personality.*

Toward Better Personal Adjustment. By HAROLD W. BERNARD. 416 pages. Cloth. McGraw-Hill. New York. 1951. Price $4.00.

In his preface, the author states that he has written this book principally for college students who, through its reading, could improve their emotional adjustments. "The principal concern here is with the individual's reactions to particular situations or aspects of the environment, rather than with the influence of environment on personality. . . . In general, the book is concerned with an explanation of the factors involved in preservative and preventive mental health. The psychological bases of mental hygiene principles are explained and suggestions as to their applications are made. . . ."

After defining and emphasizing the importance of mental hygiene and psychosomatic relationships, the author directs his attention to advising the student on achieving efficiency, emotional control, social adaptation and methods of improving thinking and studying.

This book can be used by the student, by the teacher and by others who are studying "toward better personal adjustment." Another asset of the book is the section at the end which lists and describes motion picture films which may be used for teaching purposes.

Educating Our Daughters. By LYNN WHITE, Jr., 166 pages. Cloth. Harper. New York. 1950. Price $2.50.

Education has been under such a barrage of criticism lately, that it is refreshing to find one college president who is not on the defensive, yet who has some suggestions for improving it based on fact and not emotion.

According to one authority our educational system cheats the feminine sector of our population. Though we are supposed to be educating for life, we are not doing so. Our present college curricula ignore basic attitudes and aptitudes which differentiate women from men. They relegate the successful rearing of families to a secondary place, with major emphasis on personal cultivation. This masculine "career centered" type of education presents courses from the standpoint of desirable masculine accomplishments which women must embrace for professional acceptance. This creates in women a feeling of inferiority which increases the tensions of living.

As regards courses in sex education, the author says, "One would gather from them that normal marriage is an agonized effort at sexual adjustment between a pair of psychoneuroties." He adds that future husbands and wives might be led beyond a consideration of their own problems to a consideration of the modeling of the minds and emotions of their children.

Suggested revisions are: Let the curricula show more respect for feminine trends of thought by including family studies and putting health, nursing, and child psychology on a par with literature, history and polities. Present these courses from a "practical living" standpoint . . . for example, the study of chemistry in relation to textiles, color and costume. Little can be done, however, until women believe in their own mental integrity and their right to be different from men in their thinking. Only when they thoroughly believe in their *right* to be different can they help to construct the kind of education that will widen their horizons and at the same time develop their capacities for experiencing, not merely more of life, but life of finer quality.

A Comparison of Diagnostic and Functional Casework Concepts. Cora Kasius, editor. 169 pages. Paper. Family Service Association of America. New York. 1950. Price $2.00.

Of recent years, two orientations to practice in social work have come to the fore: the functional approach based on the Rankian concept of psychology, and the diagnostic approach following the Freudian theory of personality. This pamphlet states concisely and briefly the basic differences in underlying theory, technique, and treatment goals in the two approaches. The functional school, with its concept of the "will," supports a relatively nondirective casework approach. The value of this approach in the psychiatric field might be seriously questioned by many authorities.

Modern Philosophers. Western Thought Since Kant. By HOWARD C. MCELROY. xii and 268 pages. Cloth. Russell F. Moore Co. New York. 1950. Price $4.00.

Dr. Howard C. McElroy, author of *Modern Philosophers,* rightfully feels that the twentieth century cannot be well understood without the background of the nineteenth. In this volume, he traces intelligently enough the thoughts and contributions of Rousseau, Kant, Hegel, Marx, Schopenhauer, Comte, Bentham, Mill, Kierkegaard, Peirce, James, Dewey, Bergson, Whitehead, Santayana, Russell, and Schweitzer, among others.

Professor McElroy, who is at the University of Pittsburgh, divides his book into four major sections: "God and Good Society," "Science and Saintless," "Fact and Fancy," and "Reason in Retreat." While this book is certainly a hasty yet compact history of nineteenth century philosophy, as well as twentieth century thought in part, it does interpret with clarity modern philosophic perception in contemporary terms; and is recommended to intelligent adults for its scope and compass.

Leadership of 'Teen-Age Groups. By DOROTHY M. ROBERTS. xii and 195 pages. Cloth. Association Press. New York. 1950. Price $3.00.

The underlying thesis of *Leadership of 'Teen-Age Groups* is that, if our children are to become mature socially, as well as become responsible and effectively democratic adults, we must start early to open the ways for them to act more maturely now, to assume responsibility, to be effective members of our society. The author introduces her viewpoint with this sentence: "'Teen-agers are persons, not problems." Mrs. Roberts makes a plea for adults who as parents are understanding, rather than merely "parents" through physical birth alone. The book makes capital of the importance of maintaining a balance between authority and youthful freedom; and sets forth a set of rather practical principles for organization of 'teen-age groups—through the community, the school, and the church.

A Psychosomatic Approach to Surgery. By BERNARD J. FICARRA, M. D. 113 pages. Cloth. Froben Press, Inc. New York. 1951. Price $4.00.

The subject matter of this book is based upon a series of lectures given by the author in 1950 at St. John's University, Brooklyn. It covers the author's interpretations of the fundamentals of abnormal psychology, a classification of mental disease, methods of psychotherapy and an interpretation of psychosomatic illnesses encountered in a surgical practice of medicine. The book does not contain any new ideas about psychiatry but it is interesting, is clear, and is a book which would improve the layman's ideas of psychiatry.

Children's Reactions to Radio Adaptations of Juvenile Books. By MAE O'BRIEN. 146 pages. Paper. King's Crown. New York. 1950. Price $2.00.

Mae O'Brien presents a study in the field of juvenile radio, with regard especially to the producer who creates children's programs, the educator who guides children's listening, and the child for whom the broadcast is intended. But her book is barren, sterile, without a lively understanding of related concomitants. The report is too academic and pedantic generally; and it even smacks of more theoretical reasoning than actual, logical interpretation. Rather typical of the tenor of the publication is this final, hardly evaluative, conclusion: "The production of superior radio or televised programs for children can be attained through the co-operative effort of the producer, the educator, and the child." The reviewer is wont to ask: In what creative ways? How? Under what circumstances? Through what means?—and a host of other, relevant questions. Much of the material in this monograph is repetitive; the format is heavy in appearance; and the publication is not particularly commendable as a conclusive scholarly effort.

Jew-Hate as a Sociological Problem. By PERETZ BERNSTEIN. 300 pages. Cloth. Philosophical Library. New York. 1951. Price $3.75.

Anti-Semitism is a phenomenon that has attracted a great deal of attention, and this book adds nothing of any great importance to our body of knowledge on the subject. The author is a Zionist, and this work, first published in 1926 in Germany, is his attempt at an explanation of the social motivations of prejudice, and of prejudice against the Jews in particular. The style is a bit cumbersome; the opinions expressed, while definitely reflecting the sympathies of the author, are not fanatical. The formation of a Jewish state is believed by the author to be one major step necessary to bring about the treatment of the Jews on an equal level with other cultural minorities.

The Intelligent Man's Guide to Women. By JANE WHITBREAD and VIVIAN CADDEN. 167 pages. Cloth. Schuman. New York. 1951. Price $2.75.

This volume is intelligent satire of the hit-'em-with-a-club school. Any lover of the slapstick should enjoy it. Jane Whitbread and Vivian Cadden are keen observers and clever commentators. This little product, however, is on the superficial level, and a good deal of it is devoted to knocking down the straw man set up by Marynia Farnham in *Modern Woman, the Lost Sex*, which the authors apparently mistake for orthodox Freudianism.

Afterwards. By ELIZABETH FENWICK. 219 pages. Cloth. Rinehart. New York. 1950. Price $2.50.

Here is a peculiar novel of vagueness, leaving an interesting problem so unclarified that after finishing the book, not one of the *dramatis personae* is either understandable, or even clearly in the reader's mind. A later-widowed divorcee comes home to mother, to ask for a loan; in mother's household is also the first husband and their child from the first marriage. All elements of a psychological setting are present. Here the matter rests: Neither the divorcee's emotion to the first, nor to the second husband (killed in action during the war) are worked out; neither first husband nor mother are real people. Sometimes, one believes that the author wanted to depict Bostonian sexual stuffiness, but even this does not materialize, although the adolescent troubles of the son are touched upon. Finally, one gets impatient with all these people without outer and inner emotions, and concludes that the author simply did not dare approach her topic.

Inter-racial Housing. By MORTON DEUTSCH and MARY EVANS COLLINS. 173 pages. Cloth. University of Minnesota Press. Minneapolis, Minn. 1951. Price $3.00.

This book throws light on the subject of racial segregation by means of a well-conducted research study comparing two public housing projects in which Negroes and whites lived closely associated, with a similar project in which Negroes and whites were separated.

The results revealed how the people living in these contrasting ways differed in racial attitudes, social relations, community morale and other social aspects. The research procedures used, including a sample of the interview and rating scales employed, are carefully explained. In addition, the authors offer general recommendations in the problem of racial prejudices.

This book should be read by scientists, community leaders and the general public for a better understanding of the seriousness of the racial problem, and in the hope that greater insight may ensue.

Nutrition and Alcoholism. By ROGER J. WILLIAMS. 82 pages. Cloth. University of Oklahoma Press. Norman. 1951. Price $2.00.

This book, written for both layman and physician, presents simply and clearly some of the results obtained from the treatment for alcoholism advocated by Dr. Williams. The treatment is essentially nutritional, utilizing highly potent food elements, which, in addition to benefits for alcoholism, also help general health. The author feels that this system is also of great value to people whose drinking is not well controlled.

Since no harm can result from this treatment and great benefit may be received, one could certainly afford to test it clinically.

Social Philosophies of An Age of Crisis. By PITIRIM A. SOROKIN. xi and 345 pages. Cloth. Beacon Press. Boston. 1950. Price $4.00.

Social Philosophies of An Age of Crisis is an enlarged version of the author's lectures on philosophies of history presented at Vanderbilt University in 1950. Dr. Sorokin of Harvard, writes with distinction and discernment on the views of Danilevsky, Spangler, Toynbee, Schubart, Berdyaev, Northrup, Kroeber and Schweitzer. In Part II of the book, he makes a comparative critical analysis of modern social philosophies; and he concludes the volume, in Part III, with what he regards as a valid social philosophy.

Professor Sorokin has contributed significantly here to the issues of social thinking. He handles his theme socioculturally, even though hastily and too compactly at times. He does well in analyzing the basic philosophies of the men he includes, but somehow does not always give them full credit for the humanism they sometimes possess. Dr. Sorokin analyzes logically, at the same time, the points at which they agree or disagree. In this book, he re-affirms himself as a philosopher of note, as well as a sociological thinker, who deliberately and intelligently would have mankind possess a more adequate knowledge of man and man's universe.

Teaching Your Child to Talk. By C. VAN RIPER. 141 pages. Cloth. Harper. New York. 1950. Price $2.00.

Teaching Your Child to Talk is an important little book, written in good taste and with some humor, for use by parents of small children. The author is proficient in handling succinctly and directly matters such as comprehension in children's talk, imitation, baby talk, tangled tongues, verbalizing. The most fascinating part of the child's entire development is the growth of his speech, Van Riper rightly insists; and in the author's words, "Without speech, the heritage of a thousand generations, the child would be animal indeed." There is no denying this contention, in its broadest sense; and the author analyzes well, however briefly in spots, the question of how learning to speak can give rise to kinds of frustrations, emotional maladjustments and behavior problems.

The Cliff's Edge. By EITHNE TABOR. 80 pages. Cloth. Sheed and Ward. New York. 1950. Price $2.00.

This is a collection of short poems which the author states were written in a large mental hospital where she is a patient. She adds that some of them were written "outside of conscious awareness." Aside from the fact that these are valuable as showing a patient's point of view, they have very considerable literary merit, and any psychiatrist with a liking for verse might enjoy them as well as profit from them.

How to Help Your Child in School. By MARY and LAWRENCE K. FRANK. ix and 368 pages. Cloth. Viking. New York. 1950. Price $2.95.

How to Help Your Child in School will enable intelligent parents and teachers to give worthwhile guidance. Interestingly, maturely, almost conclusively, the Franks write on how the child grows and learns; and show adults how to make the home-school relationship the foundation for a full and happy life. The authors have faith in parents, and feel that our present-day parents are truly capable of helping their children grow up and become healthy personalities. Their emphasis in this book is on the worth of the individual personality, the child. The chapters deal with the growth and development of children, the nursery school period in children's lives, the kindergarten age, the family's role generally in the rearing of children, the childhood years as such, early adolescence, and the relationships of parent, teacher, and community. A fine feature is the list of organizations helpful to parents, plus the excellent bibliography and reading list. *How to Help Your Child in School* is recommended for its lucidity, and its succinctness, too, in telling how the gap between home and school in the child's life can be bridged successfully.

But You Don't Understand. By FRANCES BRUCE STRAIN. 277 pages. Cloth. Appleton-Century-Crofts. New York. 1950. Price $3.00.

This book is a collection of 12 dramatic short pieces of fiction, each depicting a specific critical emotional situation confronting young people today.

The problems concern Josie who took things, Mitzie who was young for her age, Shorty who wished he was taller, Clumpy who was all arms and legs, Pat who was afraid of boys, Barney whose life was all work and no play, Linda who daydreamed, Tommy who was overmanaged, Jimmy who thought he had inherited "bad blood," Cynthia who was afraid not to pet, Stanley who was adopted, and Babs and Phil who eloped. The value of the book is greatly enhanced by the last 48 pages which contain suggested interpretation, with an excellent job of explaining the principles and concepts of mental hygiene. Parents, teachers, educators, and 'teen-agers can use this book, and there should be additional volumes covering more adolescent problems.

The Yearbook of Psychoanalysis. Volume VI. Sandor Lorand, M. D., managing editor. 750 pages. Cloth. International Universities Press. New York. 1951. Price $7.50.

Volume VI of *The Yearbook of Psychoanalysis* with its collection of 20 papers offers a variety of scientific reading which is well representative of psychoanalytical theory. The papers on dreams and the various aspects related thereto are especially good. On a collective basis this yearbook has in it the latest concepts in many aspects of psychoanalysis.

Medicine on the March. By MARGUERITE CLARK. 308 pages. Cloth. Funk and Wagnalls. New York. 1949. Price $3.50.

The author, who makes a profession of interpreting science to the American public, has succeeded admirably in presenting here an authoritative and fascinating account of the many recent advances in medicine. The book is the final result of her culling many professional journals, government reports, and papers read at conferences for the important medical advances since the beginning of World War II.

The 15 chapters are: High Blood Pressure, Heart Disease, Cancer, Tuberculosis, Psychiatry, Mental Health of Children, Rehabilitation, War Medicine, Allergy, Infantile Paralysis, Alcoholism, Epilepsy, New Drugs and Techniques, Mother and Child Health, and Health in Old Age. Most of the chapters begin with a brief survey of the prevalence and significance of the disorder or problem. This is followed by a more detailed account of what researchers have found relevant to detection, diagnosis, and treatment. The numerous illustrative cases make it possible for the reader to relate illnesses and medical problems to his own daily life.

Air War and Emotional Stress. By IRVING L. JANIS. viii and 280 pages. Cloth. McGraw-Hill. New York. 1951. Price $5.00.

No other major emotional traumata inflicted upon a population have inspired as much research dealing with the psychological effects upon the people involved as have the aerial bombardments of the last war. This book fills a definite need in collecting source material and presenting it in an easily available form. There seems to be a tendency on the part of the author to overestimate the effects of atomic warfare—this after having gone into the surprising lack of emotional upsets after both the conventional and atomic attacks of the last war. This reviewer wishes the section on conventional air attacks had been placed first, rather than that on the Hiroshima and Nagasaki bombings. There is far more material available on the "blitzes," and it would have helped the reader to see atomic bombing, as far as its emotional aspects are concerned, as simply a variation and extension of conventional bombing.

Hangsaman. By SHIRLEY JACKSON. 280 pages. Cloth. Farrar, Straus and Young. New York. 1951. Price $3.00.

The mind of a schizophrenic girl is traced here through a "stream of consciousness" method of writing. The method is difficult at best, and, as handled here, turns the reader's interest in the book into that of a case study, not a novel. The effect of environment is lost, and a high degree of reader concentration is necessary for comprehension and enjoyment. The actual handling of the thought processes is skillful and shows understanding of psychiatry on the part of the author.

Marriage. By ROBERT A. HARPER. 295 pages. Cloth. Appleton-Century. New York. 1949. Price $2.75.

A sociologist "with teaching experience in courses in the preparation of marriage," presents in his own estimation "'a new textbook designed for college courses in marriage," based on the principle of "drawing from, but not citing references to, the researches that have been made in marriage." The reason adduced for this principle is: "Elementary students tend to be frightened, rather than enlightened, by scholarly references [Preface, VII]." This elevated principle of "not frightening" the elementary student is maintained in the whole book, and results in simplification on an inexcusable level. What the author says about choice of partners, neurosis in general, impotence and frigidity is pitifully inadequate. To give but one example. "In some instances [of impotence], mere reassurance of sexual normality by a physician will remove impotence; other times changes in diet, curtailment of alcohol consumption, or alteration in daily routine will produce favorable results [p. 161]." Although the admission is forthcoming that "more deep-seated and persistent cases" are psychiatric domain, this admission is practically blocked out (in this reviewer's opinion) by the dissemination of naïve suggestions that impotence may be "cured" by—"changes in diet" and "alteration in daily routine."

Liberties of the Mind. By CHARLES MORGAN. 252 pages. Cloth. Macmillan. New York. 1951. Price $2.75.

Liberties of the Mind is a volume of essays in which the author discusses numerous ways of looking at life. Mr. Morgan's common theme, throughout, is freedom of thought and how it may be best used.

The book is searching in content and clearly illuminates the deeper meanings of romanticism and classicism. These essays should appeal to all readers—young and old—who can appreciate the rare qualities of the author in writing of the spiritual monuments of free man.

The Sources of Love and Fear. By M. BEVAN-BROWN. 153 pages. Cloth. Vanguard. New York. 1950. Price $2.50.

"The purpose of this little volume," the author states, "is to draw attention to the need in our day and in our culture for preventive psychiatry, or perhaps more correctly, the understanding and practice of mental hygiene." The author's view is generally accepted by most workers in the field of mental health, but there is difference in the place of emphasis. The author feels that the "form and type of breast-feeding relationship is crucial in determining the subsequent well-being of the child," and feels that the relationship created in breast-feeding will be reflected in the child's adjustment throughout the rest of his life. Hence, the text is primarily concerned with the influence of breast-feeding on general mental health.

CONTRIBUTORS TO THIS ISSUE

EUGENE GARRETT BEWKES, Ph.D. Dr. Bewkes, president of St. Lawrence University, was a long-time personal friend of the late Dr. Richard H. Hutchings, to whom his personal tribute was printed in the January 1951 issue of THE PSYCHIATRIC QUARTERLY. A graduate of Colgate, Dr. Bewkes received his B. D. degree from Yale, became a Hooker-Dwight fellow of Yale and studied at Edinburgh University, from which he received his Ph.D. in 1924. He has also studied at the University of Basel and at Harvard. Dr. Bewkes was on the faculty at Colgate from 1927 to 1943, serving for many years as dean of students and for many years as secretary of the board of trustees.

During World War II, he was one of the three directors of the War Manpower Commission, a member of the National Manpower Planning Board and a member of the President's Committee of Three to determine selective service policy for government employees. Dr. Bewkes holds a number of educational posts, in addition to heading St. Lawrence University; he is the author of books and articles on philosophy, religion and education, and holds a number of honorary degrees.

ARTHUR HARRY CHAPMAN, M. D. Born in San Francisco in 1924, Dr. Chapman's professional education was at Yale University, where he received his B. S. degree in 1944 and his M. D. in 1947. After one year's internship, he served from 1948 to 1951 as assistant resident, and later as fellow, in the department of neuropsychiatry, Washington University School of Medicine and Barnes Hospital, St. Louis. Since July 1951, he has been instructor in neuropsychiatry, Washington University School of Medicine and assistant psychiatrist at Barnes Hospital. He is also clinical assistant professor of neuropsychiatry at the Meharry Medical College, Nashville, Tenn., and is attached to the Homer G. Phillips Hospital neuropsychiatry service, St. Louis. Since September 15, 1951, he has been on leave of absence from his academic positions on a tour of active duty with the United States Public Health Service, and is currently station psychiatrist at the United States Coast Guard Receiving Center, Cape May, N. J. Dr. Chapman is the author of several scientific articles published and in press.

IVAN NORMAN MENSH, Ph.D. Born in Washington, D. C., Dr. Mensh received his A. B. (1940) and A. M. (1942) degrees in psychology from George Washington University. He was with the United States Public Health Service until called to active duty in the navy. After serving as

administrative specialist and clinical psychologist in the Pacific and American theaters of war, he attended Northwestern University where he received, in 1948, his Ph.D. degree in psychology. Since 1948 he has been a faculty member of the department of neuropsychiatry, Washington University School of Medicine, engaged in psychodiagnosis, teaching, and research. A member of the American, Midwestern, and Missouri Psychological Associations, he also is a member of Sigma Xi, and of the Washington University advisory committee for clinical psychology, and is author or co-author of more than 30 scientific papers.

DONALD W. MARTIN, M. D. Born in Columbus, Ohio, in 1921, Dr. Martin received his medical degree in 1944 from Ohio State University. Following a rotating internship at Metropolitan Hospital, New York City, he became a resident psychiatrist at Kings Park (N. Y.) State Hospital. In 1946, he entered military service, working for two years as neuropsychiatrist at the AAF Station Hospital, Scott Field, Ill. After another two years of psychiatric training at Kings Park, Dr. Martin became, in October 1950, a member of the staff of Central Islip State Hospital, where he is now serving as supervising psychiatrist.

NOHMIE BEAVER. Nohmie Beaver received her B. A. degree in 1941 from Brooklyn College, as a major in social studies. She has had considerable experience in different fields of social work—recreation, public assistance, and psychiatric. At present continuing her training at the New York School of Social Work, she is also participating in a group therapy project with adolescents at Kings Park State Hospital. Miss Beaver is doing research in psychodrama, with the goal of applying this technique in her group work.

BRYANT M. WEDGE, M. D. Dr. Wedge received his M. D. degree from the University of Michigan in 1945. He interned, and was resident in psychiatry, at Queens Hospital, Honolulu from 1945 to 1947. He was in private practice in Honolulu in 1947-1948, and was a resident in psychiatry at the University of Chicago Clinics from 1948 to 1949. He is now an instructor in psychiatry at the University of Chicago Clinics and head of the psychiatric division of the student health service.

REX A. PITTENGER, M. D. Dr. Pittenger received his M. D. degree from the University of Minnesota in 1949. He interned at Charles T. Miller Hospital, St. Paul, and is now a fellow in psychiatry at the University of Chicago Clinics.

ROY M. WHITMAN, M. D. Dr. Whitman received his M. D. degree from the University of Indiana in 1946. He interned at Kings County Hospital, Brooklyn, and had a one-year residence in psychiatry in Duke Hospital, North Carolina, before entering the army in 1948. In 1948, he was assistant chief of the 17th Airborne Division mental hygiene clinic and then became chief of the mental hygiene division of the 10th Infantry Division. He is now a fellow in psychiatry at the University of Chicago Clinics.

CLIFFORD BAILEY FARR, M. D. Born in Vineland, N. J., in 1872, Dr. Farr is a graduate of Haverford College in 1894 and received his medical degree from the University of Pennsylvania in 1898. From 1901 to 1917, he practised internal medicine and engaged in teaching in hospitals affiliated with the University of Pennsylvania; he published a number of articles on internal medicine and laboratory topics. After military service in the United States and France from 1917 to 1919, he engaged largely in laboratory work and psychiatry, has been connected since 1922 with the Mental and Nervous Department and Institute of the Pennsylvania Hospital, and was director of laboratories there until 1935. He states that he has been relatively inactive professionally in the past four years. Dr. Farr is a fellow of the American Psychiatric Association and is the author of numerous scientific articles in the psychiatric and laboratory fields.

G. T. NICOLOAU, M. D. Dr. Nicolaou was graduated from the University of Texas School of Medicine in 1945. Following a rotating internship he served in the army for two years; and after separation from the service in 1947, came to New York State and completed residency training at the Hudson River State Hospital. Subsequently, he transferred to Rockland State Hospital. At present, he is on the Rockland staff and is doing postgraduate work in psychoanalysis at the New York Medical College, Flower Fifth Avenue Hospital.

RUSSELL and KENNETH FINEGAN. Russell and Kenneth Finegan are recreation instructors at Marcy and Utica (N. Y.) State Hospitals, respectively. They are twins, born in Utica in 1920, and both were graduated from Clarkson College in 1944. They were in military service for about two years, and then both entered the recreation department of Rhoads General Hospital, an army installation at Utica. When this hospital was discontinued in 1946, both of them entered New York State service as recreation instructors at Marcy. Kenneth transferred to Utica in 1949. Russell is now on leave from Marcy for a tour of active duty with the navy.

RUTH MACDONALD BALLIF. Mrs. Ballif was born in New York City in 1928, and is a graduate of Brigham Young University, where she majored in sociology. She served on the Creedmoor (N. Y.) State Hospital recreation staff as assistant recreation instructor and recreation instructor in 1949 and 1950. Following her marriage, she is now employed by the American Trust Company, San Francisco, while her husband attends law school at Stanford University.

ARPAD PAUNCZ, M. D. Dr. Pauncz is associate clinical professor of psychiatry at the New York Medical College, Flower Fifth Avenue Hospital, and director of professional education and chairman of the research committee, Veterans Administration Hospital, Lyons, N. J.

He is a diplomate in psychiatry of the American Board of Psychiatry and Neurology; a fellow of the American Psychiatric Association; a member of various other scientific and professional societies; and is a major in the army medical corps reserve.

Dr. Pauncz is the author of numerous papers on various scientific topics. He has been an assistant examiner for the American Board of Psychiatry and Neurology since 1951.

AARON PALEY, M. D. Dr. Paley, born in 1914 in Cleveland, Ohio, was graduated from Harvard College in 1936 and received his M. D. degree from Western Reserve University in 1940. After interning at Cleveland City Hospital and serving for four years in the army, Dr. Paley had a residency at the National Jewish Hospital, Denver, followed by one at the Winter Veterans Administration Hospital, Topeka, Kas. During this latter residency, from 1947 to 1949, he was also a fellow of the Menninger Foundation School of Psychiatry, Topeka. When the present paper was written he was acting chief of the rehabilitation service at that hospital. Dr. Paley is now assistant director of the division of mental health services, city and county of Denver, Colo.; is psychiatric consultant to the National Jewish Hospital, and is in private practice in Denver.

WILLIAM E. MAYER, JR., M. D. Dr. Mayer is at present on active duty with the United States Navy in Korea. When the present paper was written he was an instructor in the division of psychiatry at the University of California School of Medicine, and was also a lieutenant (j. g.) in the medical corps of the navy.

MARSH W. BRESLIN, LL.B. Born in Waterford, N. Y. in 1904, Mr. Breslin is a graduate of Harvard College in 1926 and of Albany Law School in 1930. In private law practice until 1936, he became affiliated with the Albany County Welfare Department, where he remained until 1942. At that time he became a member of the legal bureau of the New York State Department of Mental Hygiene, where he is now senior attorney.

MARGARET M. FARRAR. Mrs. Farrar is director of publications and public relations for the New York State Department of Mental Hygiene. She has been engaged in state public relations and public education for a number of years, having spent seven years in the Education Department and two years in the Executive Department before joining the Department of Mental Hygiene in 1948. Before entering state service, she taught English in the New York City school system and spent some time as a professional director of little theater productions in New York and Massachusetts.

A native of New York City, Mrs. Farrar received her B. A. degree at Hunter College where she received the Miriam Weinberg Richter award in journalism. She is a member of Sigma Alpha Gamma, and of Sigma Tau Delta, national honorary writing fraternity.

NEWS AND COMMENT

ASSOCIATION FOR MENTAL HEALTH REPORTS

The National Association for Mental Health, founded in 1950 through consolidation of the National Committee for Mental Hygiene, the National Mental Health Foundation and the Psychiatric Foundation, has issued its first annual report under the presidency of Oren Root. The report summarizes briefly activities and psychiatric services, training, research and studies, mental health education, community organization for mental health, consultation, and international co-operation for mental health. The association reports a total income of more than $680,000, of which the greater part is accounted for by contributions, and reports excess of income over expenditures of nearly $80,000. The report finds a definite upward trend in the quantity and quality of care and treatment for large numbers of the nation's mental patients. Mr. Root notes that mental illness continues to be the nation's "number one health problem."

Research work in dementia præcox, sponsored by the association, is reported in 17 separate projects headed by outstanding scientists under the direction of Dr. George S. Stevenson, the association's medical director, and of Dr. William Malamud. The 33d Degree Scottish Rite has increased its annual research grant for this work from $50,000 to $70,000 for 1952.

Sixty-eight new citizens' mental health associations were founded throughout the country under the auspices of the national association during the fiscal year which ran from October 1, 1950 through September 30, 1951.

Commenting on the report, Mr. Root said that the nation's clinics were adequate for only a fraction of those in the population in need of mental clinic services. He added that much larger sums than are now available were needed for research.

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VETERANS ADMINISTRATION HOSPITAL SEMINARS ANNOUNCED

The Veterans Administration Hospital at Downey, Ill., and the Mental Hygiene Clinic, 366 West Adams Street, Chicago, have announced a series of lectures and seminars to be conducted from January through May 1952 at the hospital and at the Veterans Administration regional office in Chicago, where the mental hygiene clinic is located. Internationally-known authorities are scheduled to lecture, and all members of the medical and allied professions are invited to attend.

NEW EDITION OF STANDARD NOMENCLATURE AVAILABLE

The new fourth edition of *The Standard Nomenclature of Diseases and Operations* becomes available to hospitals as of January 2, 1952. Revision under the auspices of the American Medical Association has been under way since the Fifth National Conference on Medical Nomenclature in 1948. Changes include a complete revision of the psychobiological section to bring it into accord with the diagnostic terminology of the American Psychiatric Association.

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SUMMER SCHOOL OF ALCOHOL STUDIES

The 10th annual session of the Summer School of Alcohol Studies, conducted under the direction of Yale University Center of Alcohol Studies, will be held at New Haven from July 7 to August 1, 1952. Workers in all fields concerned with alcohol problems, from the educational and religious to the medical and judicial, may attend. More than 1,200 persons from every state in the United States and 100 from nine Canadian provinces have attended the previous sessions.

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BOOK REVIEWS